

# RIVER BEND LEVEL IV PROGRAM REFERRAL FORM

Imprints \_\_\_ RISE \_\_\_ Raptor \_\_\_ WORK \_\_\_

1315 South Broadway  
New Ulm, MN 56073

Referral Date: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_

Phone (507) 359-8700 Fax (507) 359-1380

Student Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Resident District: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Disability: LD / EBD / Other

MARSS #: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_ Federal Setting: \_\_\_\_\_ Eval Date \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_  
Home Cell and/or Work Student Cell

Email \_\_\_\_\_

Please include all of the following paperwork with referral:

Transcript  
Behavior Referrals

Attendance  
Test Scores

IEP and Evaluation Report  
Health Record

504 Plan

Please provide a brief description of concerns in the following areas.

Behavioral Concerns:

Academic Concerns:

Attendance Concerns:

**No student will be accepted into a River Bend Education District program without a completed referral form. The student status will be reviewed in 30 school days to verify proper program placement.**

\_\_\_\_\_  
Referring District Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date