

FRESHWATER

SUPERINTENDENT SI TALTY
BOARD OF TRUSTEES:
REBECCA BAUGH
MICHELLE COLLINS
AUDREY DIEKER
GREG HALL
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ELEMENTARY AND CHARTER MIDDLE SCHOOL

STUDENT SERVICES REFERRAL

Date: _____

Student's Name: _____ Teacher: _____

Reason for referral: _____

Have you discussed this referral with the student's parents? _____

Please place this referral in Audrey Shear's box in the office. She will then make contact with the student's parents.

Parents Contacted: _____

ACKNOWLEDGEMENT OF STUDENT SERVICES REFERRAL

I acknowledge that I have read (been read) the above Referral Notice and that I have been contacted regarding student services for my child.

Parent Signature: _____

Child's Name: _____

Date: _____