



Parent Referral Form

Updated 2015-2016
School Year

Student:

Parent Referring:

I believe that my child could benefit from extra support in and/or out of the classroom.

I would like to start the process of evaluating whether or not my child is eligible for one of the two plans available at Sioux Center Christian School:

- Intervention Plan
- Section 504 Plan

The differences between the two plans have been explained to me.

I understand my options and my rights as the parent of my child.

I understand that if further testing is needed, I may need to provide written permission on Northwest AEA forms.

I agree to provide information as needed during the process, and I commit to being a positive and helpful member of the school team.

Parent Printed Name: _____ Parent Signature: _____

Date: _____

Return this form to Josh Bowar, Sioux Center Christian School Assistant Principal. This will then start the process of evaluating whether or not my child is eligible for one of the two plans available (intervention or 504).

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL USE

Date Received _____

Signed _____