



# EASTCONN's LEAP District Referral

*This page to be completed collaboratively between a recommending School Official (i.e. school counselor, administrator) and the student*

Name \_\_\_\_\_ Current School \_\_\_\_\_

School Counselor \_\_\_\_\_ Date of Birth \_\_\_\_\_

Graduation Year \_\_\_\_\_

What are barriers to your academic success?: (Check all that apply)

\_\_\_\_\_ Frequently absent

\_\_\_\_\_ Frequently tardy

\_\_\_\_\_ Frequently cut classes

\_\_\_\_\_ Lack of Effort

\_\_\_\_\_ Work was too hard

\_\_\_\_\_ Did not do homework

\_\_\_\_\_ Poor relationships with teachers

\_\_\_\_\_ Influenced by my peers, who were not doing well in school

\_\_\_\_\_ Family issues interfere with my learning

\_\_\_\_\_ Others: Please describe \_\_\_\_\_

Does student have a 504 plan? Yes No – If yes, please attach current plan.

Does student have an IEP? Yes No - If yes, please attach current IEP.

Does student require EL Services? Yes No - if yes, attach LAS/LINKS scores

**With application, a copy of current transcript is required.**

Are you committed to working with staff at EASTCONN's LEAP Program to address the issues that have prevented your success and graduation from high school? Yes No

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Best Contact # \_\_\_\_\_ Email \_\_\_\_\_

Student's Best Contact # \_\_\_\_\_ Email \_\_\_\_\_

School Counselor's Signature \_\_\_\_\_

