Community Cares Referral Form

This form is for use to refer a student for the Community Cares partnership program with MPUSD, the YMCA, CPY and the Boys & Girls Club.

Community Cares Programs are offered Monday-Friday from 7:30 am - 4:00 pm.

Students will be assisted during synchronous Distance Learning class and offered enrichment activities, physical activities and nutritious meals.

A regular convening of community partners and site leaders to discuss students engaged in the partnership will be arranged soon.

* Required

1. Email address *

2. Your Name (First and Last) *
3. Your Site *

*Mark only one oval.*

- Crumpton
- Del Rey Woods
- Dr. Martin Luther King Jr. School of the Arts
- Dual Language Academy of the Monterey Peninsula
- Foothill
- Highland
- La Mesa
- Los Arboles Middle School
- Marina Vista Elementary Arts Academy
- Marshall
- Monte Vista
- Olson
- Ord Terrace
- Seaside Middle School
- Walter Colton Middle School
- Other

4. Student First Name *

______________________________

5. Student Last Name *

______________________________

6. Student District or SSID *

______________________________
7. Student Grade *

*Mark only one oval.*

- [ ] TK
- [ ] K
- [ ] 1st
- [ ] 2nd
- [ ] 3rd
- [ ] 4th
- [ ] 5th
- [ ] 6th
- [ ] 7th
- [ ] 8th

8. Does the student have an IEP or 504 Plan? *

*Check all that apply.*

- [ ] IEP
- [ ] 504
- [ ] No

9. Is the student English Language Learner? *

*Check all that apply.*

- [ ] Newcomer
- [ ] Long Term ELL
- [ ] Level 1
- [ ] Level 2
- [ ] Level 3
- [ ] Level 4
- [ ] Redesignated
- [ ] The student is not an English Language Learner
10. Confirmation student is identified as McKinney-Vento in Illuminate *

*Check all that apply.*

☐ Yes  
☐ No

11. Confirmation that the student currently receives Tier II/III supports and the Tier II/III team has prioritized this scholar’s needs. *

*Mark only one oval.*

☐ Yes  
☐ No

12. Select communication that have been attempted this school year specifically designed for this student. Check all that apply. (Don't include if it applies to the entire school or entire grade level) *

*Check all that apply.*

☐ Specific Parent Square Messages  
☐ Specific Email Messages  
☐ Phone Calls Home  
☐ Virtual Student Conference  
☐ Virtual Parent Conference  
☐ Home Visit  
☐ No specifically designated communication attempted

Other: ☐ ________________________________
13. **Areas of Greatest Need**

*Check all that apply.*

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<th>High Need</th>
<th>Moderate Need</th>
<th>Low Need</th>
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<td>Engagement with Distance Learning</td>
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<td>Language Development</td>
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14. **Select interventions/accommodations/modifications that have been attempted this school year specifically designed for this student.** *

*Check all that apply.*

- Schedule Change
- Teacher Change
- Provided additional Materials/Manipulatives
- Referral to SST
- Referral to Community Liaison check ins
- Referral to Health Professional
- Referral to regular school Counselor check ins
- Referral to Mental Health Therapist or Family Service Specialist
- Shortened Assignments
- Alternative Assignments
- Chunking Assignments
- Additional Communication follow up with guardians
- No intervention, accommodations or modifications were provided this year.
- Additional synchronous 1:1 or small group tutoring and acceleration support

**Other:**

15. **List any siblings in the family including Name, SSID, Grade, Site**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. **Any other information we should be aware of?**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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