

Community Cares Referral Form

This form is for use to refer a student for the Community Cares partnership program with MPUUSD, 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.

	High Need	Moderate Need	Low Need
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with Distance Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Emotional Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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