

# PASS Prevention Program Referral Form

**Please email referrals to:** [Centralintake@stdavidscenter.org](mailto:Centralintake@stdavidscenter.org) and [parentchildservices@stdavidscenter.org](mailto:parentchildservices@stdavidscenter.org)

**Questions?** Call Paula Frisk at 952-562-5747 or email [pfrisk@stdavidscenter.org](mailto:pfrisk@stdavidscenter.org)

## STUDENT INFORMATION

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Race/ethnicity of student (select all that apply):

Black or African American

African native, including Oromo, Somali, Ethiopian, etc.

Asian, including Southeast Asian

Hispanic or Latino/a

American Indian (specify tribe: \_\_\_\_\_)

White or Caucasian

Another race or ethnic group? (Specify: \_\_\_\_\_)

Gender:

Male

Female

Another gender identity

Family's Primary Language: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Known Challenges/Barriers to attendance:

Number of absences/tardies at time of referral (If more than 8 unexcused absences, please file a report with the county rather than prevention referral):

Family Aware of Referral?:  YES  NO

What strategies has school tried/Results?

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## PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

OK to Text Family?:  YES  NO

## REFERRAL SOURCE INFORMATION

Child's School: \_\_\_\_\_

School Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred form of contact:  Phone  Email