

PASS Prevention Program Referral Form

Please email referrals to: Centralintake@stdavidscenter.org and parentchildservices@stdavidscenter.org

Questions? Call Paula Frisk at 952-562-5747 or email 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