

**BOARD OF TRUSTEES  
CARSON CITY SCHOOL DISTRICT**

**REGULATION 509  
FORM C**

**PROGRAM REFERRAL FORM**

School counselors should use this confidential form to refer a student to the Carson City School District Adult Education program. The completed form should be forwarded to the high school Principal. The high school Principal will review, comment and forward the completed form(s) to the Program Director for processing.

STUDENT'S NAME		Student Number
DATE OF BIRTH		
AGE	GRADE	
STUDENT HOME MAILING ADDRESS		
<i>CIRCLE ONE</i>		
ENROLLED IN SPECIAL ED.		NOT ENROLLED IN SPECIAL ED.

**REASON FOR REFERRAL:** Specify what you believe to be the source of the student's difficulties, i.e. academic, attendance, social relationships, work habits, inappropriate behavior, etc.

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**RECOMMENDATIONS:** Explain how you think the CCSD Adult Education program can best help this student obtain credits: smaller class size, structure, one teacher all day, one set of rules for the day, etc.

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<b>Counselor's Signature:</b>	<b>Date:</b>
<b>Principal's Signature:</b>	<b>Date:</b>
<b>Adult Education Program:</b>	<b>Date:</b>