

**BALTIMORE COUNTY PUBLIC SCHOOLS**

PS 522, F1

**BRIDGE CENTER**

HOME SCHOOL PUPIL PERSONNEL WORKER

Bridge Center Referral

First Last

Student Name [Redacted] Sex [Redacted] Race [Redacted] DOB [Redacted]

[Redacted] [Redacted] [Redacted] [Redacted]

Street Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted]

ID # [Redacted] Grade [Redacted] Student Phone [Redacted]

Parent/Guardian Name [Redacted] Relationship to Student [Redacted]

Parent Phone [Redacted] Parent Work [Redacted] Parent Cell [Redacted]

Case Worker [Redacted] Case Worker Phone [Redacted]

Home School [Redacted] Previous School [Redacted]

Referring PPW [Redacted] Date of Initial Contact to PPW [Redacted] PPW Phone [Redacted]

**Enrollment Information ( State and BCPS Required) Minimum for Bridge Center**

- Maryland Transfer Card for In-state or Transcript Information for Out-of-State
  - Verification Birth
  - Immunization Record
  - Residency Verification
  - Homeless child according to McKinney-Vento and PS 512
  - Currently in Emergency Shelter Care
- Do not refer to Bridge Center - Refer to P.S. 512 for immediate enrollment.

**Resident**

**Nonresident**

- |  |  |
|--|--|
| <input type="checkbox"/> Ownership Documents               | <input type="checkbox"/> Non-resident Application    |
| <input type="checkbox"/> Photo ID                          | <input type="checkbox"/> Court Ordered Agency Placed |
| <input type="checkbox"/> 3 Documents with Name and Address | <input type="checkbox"/> Residency Verification      |

**Special Education or 504 Plan**

- Has a student record indicating Special Education 504
- Copy of IEP or 504 Disability Code [Redacted]
- Copy of Behavior Intervention Plan
- Copy of Assessments

Psychological	Date Completed	[Redacted]
Ed. Assesment	Date Completed	[Redacted]
Functional Behavioral Assessment	Date Completed	[Redacted]

Educational Rights Granted to (Check One)  Parent(s)  Guardian(s)  Surrogate(s)

**Discharge from Institution**

(Check One)  DJS Facility  Mental Health Facility

Other [Redacted]

Transition plan and educational recommendations from discharging institution

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**Risk Factors (Check all that apply)**

- A. Out of school
- B. Multiple school settings in one year
- C. 3 or more years below grade level (reading or math)
- D. Record of consistent failure
- E. Repeated at least one grade
- F. History of significant behavior problems in school
- G. Not age appropriate for grade level
- H. No school records or information to use to provide placement
- I. DSS/DJS/Parent(s)/Guardian(s), Student has stated serious concerns with placement
- J. Other

Home School PPW

Date of Referral

Copies of all documents to verify above information **MUST BE ATTACHED** to this referral form and forwarded to the Bridge Center pupil personnel worker. The Bridge Center staff will make contact with the parent(s)/guardian(s) and students.

Bridge Center PPW

Date of Review by Bridge Center Pupil Personnel Worker

**Disposition**

- Intake at Bridge Center
- Return to Home School

Date of Intake

**Reason**