

High School Learning Center Referral Form

Student's name: _____ Grade: _____ Date: _____

Teacher: _____ Class Name: _____

Reason for referral to High School Learning Center:
(check one or more that apply*)

_____ Frequently Absent / Missing Assignments

_____ Poor work handed in / Missing work

_____ Poor Test / Quiz Scores

_____ Currently Failing or Near Failing (D- / F)

_____ Other (Explain Below)

*Please provide documentation for each one you check

Return this form to:
Michelle Rhodes