

BAKERSFIELD CITY SCHOOL DISTRICT  
 1300 Baker Street, Bakersfield, CA 93305  
*Student Services Department*  
 McKinney-Vento Program  
 Telephone: (661) 631-4910 • Fax: (661) 861-0835

Referred by \_\_\_\_\_  
 Position \_\_\_\_\_  
 Date \_\_\_\_\_  
 Family Notified of Referral: Yes No NA

**McKinney-Vento Program Referral Form**  
***\*To be completed by B.C.S.D Staff or referring agency\****

School \_\_\_\_\_

Student #1 Name \_\_\_\_\_ SID \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Student #2 Name \_\_\_\_\_ SID \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Language \_\_\_\_\_

**CHECK ANY OF THE FOLLOWING THAT MAY APPLY:**

**School Performance:**

- Irregular attendance
- Truant
- Sleeps in class
- Needs more self-motivation
- Homework not completed consistently
- Short attention span
- ELA far below basic
- Math far below basic
- Other \_\_\_\_\_

**Behavior:**

- Appears overly nervous
- Needs to concentrate
- Aggressive tendencies
- Shy/withdrawn tendencies
- Incidents of lying/stealing
- Needs more self confidence
- Appears sad
- Noncompliance/defiant
- Other \_\_\_\_\_

**Medical/Physical:**

- Adequate hygiene lacking
- Vision in question
- May need health care
- Immunizations not current
- Hearing in question
- May need dental services
- Head lice observed
- Other \_\_\_\_\_

**Home Environment:**

- Living arrangements may be unstable
- Lives w/extended family
- Motel
- Single parent home
- No contact information for one or more parent/guardian
- Familial substance abuse may be issue
- Other \_\_\_\_\_

**\*Family Services**

**Believed to be Needed:**

- Transportation
- Help w/ enrollment

- food
- clothing
- housing
- dental
- health
- parenting classes
- employment
- substance abuse counseling

- training on head lice prevention prevention
- other, please specify \_\_\_\_\_

**Brief description of reason for referral:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*McKinney-Vento services for the homeless do not include case management, but does include interagency collaboration and providing information to assist families.*

**----- Send Referrals to McKinney-Vento Program, Student Services Department -----**

<b>FOR MCKINNEY-VENTO PROGRAM OFFICE USE:</b> Date rec'd: _____ MKV Staff Initials _____	
First contact date: _____ Comments: _____	
Transportation Requested: ____ YES ____ NO	Passes Issued: ____ YES Quantity: _____
Transportation Request submitted: ____ YES ____ NO	Date: _____