

**Re-Engagement Center**

**Referral Form**

**Checklist SY 21-22**

***In order to refer a student to an educational option the following check boxes should be completed:***

* **Transcripts** (BPS transcripts and out of district transcripts if applicable)
* **MCAS Scores** (Student Assessment History Report from ASPEN or other official documentation)
* **Graduation Summary** (Filled out completely with all completed course titles)
* **Referral Form** (Allsections should be filled out entirely including signatures)



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**The placement process is as follows:**

1. All in-school referrals must be submitted through the Re-Engagement Center (REC). The REC will be the single point of entry for all alternative schools/programs that are a part of the Boston Collaborative High Schools.
2. Guidance counselors and students should complete the attached referral form and email them to the [**REC@bostonpublicschools.org**](mailto:REC@bostonpublicschools.org) with all supporting documentation (All student transcripts and MCAS scores). A staff member from the REC will notify the guidance counselor or referring staff member that we’ve received the referral.
   1. **For students under 18, consent from a parent or guardian is needed as part of the referral. Please be sure to check off the parent/ guardian agreement box on the last page of the referral to confirm parent/guardian was contacted.**
3. An intake with a REC Specialist is mandatory in order to process a referral. If a student does not meet with a specialist, the referral will not be processed. The student, parent or guardian should call the REC to schedule an intake.
4. During the intake the REC specialist will meet with the student and/or their family to discuss all options. Once options have been identified, the program referral will be sent to the alternative program/school.
5. A program referral does not guarantee placement. Acceptance and placements are based on a number of factors including seat availability and individual school processes.

**It is extremely important that all referred students remain on their current school roster until a student is accepted and placed in an alternative program. Discharging students prolongs the placement process.**

1. Once a student is accepted and placed into an alternative program/school, he/she will no longer appear on the roster of the referring school.

**Students choosing to enroll in any of the alternative programs/schools agree to the following:**

1. All students wanting to attend an alternative program/school must have an intake meeting at the Re-Engagement Center.
2. Student will be transferred from their current school and assigned to their alternative program/school once they have been accepted.
3. All student graduating from BCHS need to complete a total of 18 credits. 4 years of English, 4 years of Math, 4 year of Science, and 4 years of History, and two years of electives.
4. Students graduating from any of the alternative programs/schools will be issued a Boston Public Schools diploma.



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***Please be advised that all students referred still need to contact the Re- Engagement center to schedule an intake prior to placement.***

**School Information**

**School:**

**Headmaster/Principal:**

**Guidance Counselor:**

**Contact Number(s):**

**Contact Email:**

**Student Info: Please Print**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check all that apply:**

**☐** In School Referral **☐** Out of school Referral  **☐** No Transcript Available



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***Guidance counselor signature is required to process the referral***

**Was the student’s parent/ guardian contacted before sending this referral?** ☐ Yes ☐ NO

**Does the student and parent/guardian understand the reason that they are being referred to the Re- Engagement Center and agree to the referral to discuss traditional and alternative school options?** ☐ Yes ☐ NO

**Did the student/ guardian call the Re-Engagement Center to schedule an intake appointment?**

☐ Yes ☐ NO

**Guidance Counselor/ Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MCAS Scores**

|  |  |  |
| --- | --- | --- |
| **English** | **Math** | **Science** |
|  |  |  |

***All completed referrals should be sent to the REC@bostonpublicschools.org***

**REC Office Use Only**

**Student Intake Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REC Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**