



Example McKinney-Vento Referral Form (insert school year)

Please use this form to refer students to NAME OF LIAISON #1 (insert school sites served) or NAME OF LIAISON#2 (insert school sites served). A referral does not guarantee services, but we will do our best to ensure some supports exist for every student.

**This form automatically collects emails because the liaison might need to reach back out with additional questions, concerns, and helpful information.*

scarpinechristopher@gmail.com [Switch account](#)



* Indicates required question

Email *

Record scarpinechristopher@gmail.com as the email to be included with my response

Student Name *

Your answer _____

Student ID *

Your answer _____

School Site (list all that apply) *

Choose ▾

Grade (list all that apply) *

- 9th
 10th
 11th
 12th

Reason for Referral (check all that apply) *

- Attendance
 Basic Needs
 Community Referrals/Services Needed
 Credit Deficient
 Grades
 Housing
 Social/Emotional Concerns
 Transportation
 Unaccompanied Youth
 Other: _____

Additional Notes or Comments

As the referring person, you want to add relevant information to assist the liaison in gathering important details. Keep in mind confidentiality, the student being aware that this information will be shared to the liaison and being a mandated reporter. If information is shared that is reportable, the referring person MUST report said information to the appropriate agencies.

Your answer _____

Name of Person Referring *

Your answer _____

Position of Person Referring (i.e. counselor, teacher, community liaison, etc.) *

Your answer _____

[Submit](#)

[Clear form](#)

