



2020-2021 School Year

Campus Based Transition Application

Student Name _____ Date of Birth _____
(First, Middle, Last)

District of Residence _____ Grade _____

Student Address _____

City _____ Zip _____ County of Residence _____

City of Birth _____ Native Language _____

Primary Parent/Guardian _____ Parent/Guardian Phone _____
(Daytime only)

Name of Referral Source _____

Phone _____ Date of Referral _____ email _____

Teacher Contact _____ Building _____

School Personnel: please note, the next *five* sections are *required* elements for *all* referrals to any ESC program.

A. Local Ethnicity:

- A – Asian
- B – Black, Non-Hispanic
- H – Hispanic
- I – American Indian / Alaskan
- M – Multiracial*
- W – White, Non-Hispanic

B. Racial Groups: (Check all that apply)

- A – Asian
- B – Black / African American
- I – American Indian / Alaska Native
- P – Native Hawaiian / Other Pacific Islander
- W – White

**If Multiracial is selected, please be sure to select all racial groups that apply in box B.*

C. Hispanic / Latino:

- Yes, this student is Hispanic/Latino.
- No, this student is not Hispanic/Latino

D. Gender:

- Male Age: _____
- Female

E. Student Homeless Status: (Check One)

- * - Not Applicable
- A - Sheltered
- B - Unsheltered
- C - Doubled Up
- I - Hotel/Motel

F. Living with Student:

- Both Natural Parents
- Mother Only
- Father Only
- Mother + Other Adult
- Father + Other Adult
- Legal Guardian(s)* Yes ___ No ___
- Foster Parent(s)*

G. Student Homeless Unaccompanied Youth:

A homeless student not in the custody of a parent or guardian. (Check One)

- * - Not Applicable (Used only if * was reported in box F)
- N - No
- Y - Yes

H. Please include these documents with referral:

- Birth Certificate
- Prior Written Notice
- HS Transcripts
- Parental Consent for Evaluation
- Copy of Current ETR (effective dates: from _____ to _____)
- Copy of Current IEP (effective dates: from _____ to _____)
- Copy of HS Attendance Records
- Copy of Discipline Record

****Referrals will not be processed without these documents****

I. Additional Components of Packet (If applicable)

- Achievement and OGT scores
- Discipline Information
- (Manifestations, Suspensions, etc.)
- Additional Safety Plans (Medical and/or Behavior)
- Other
- FBA/Behavior Plan
- Most recent progress reports/report cards

J. Limited English Proficiency (LEP) Status:

- N=No - the student is not Limited English Proficient
- Y=Yes - Limited English Proficient student who has been enrolled in US schools for more than 360 school days (or the equivalent of two school years)
- L=LEP – Enrolled in US Schools for First Time
- S=LEP – Enrolled in US Schools for Second Year (A recently arrived LEP student who has been enrolled in US schools for more than 180 school days and less than 360 days (or the equivalent of two school years)).

K. Economically Disadvantagement (ED) Status:

- *=Not Applicable
- 1=Economic Disadvantagement

Signature of Referring Agent: _____

Telephone Numbers: _____

Date: _____

Submit referral to Joyce Ellis

Email: referrals@escoco.org | Fax: (614) 542.4194

Educational Service Center of Central Ohio
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