Jefferson County Public Schools

Safe and Drug-Free Schools
Assessment Center

COLLATERAL INFORMATION FORM
PLEASE FAX TO: 6079

Student:_____ **DOB**_____

Parent/Guardian: _____ **Phone:** _____

Address: _____

School:_____

Is this student suspended to the Board? ____Yes ____No

Is student being referred as a concern only – not suspended? ____Yes ____No

Has the ECE referral process been started on this student? ____Yes ____No

Please tell us, briefly, why you have referred this student for an Assessment. What are your concerns?

Social:_____
_____
_____

Academic:_____
_____
_____

Behavior:_____
_____
_____

Family:_____
_____
_____

Other: _____

Signature:_____ **Title:**_____
Administrator's Signature
Phone #: _____

Thank you for the referral.