

**Chesterfield County Public Schools**  
**SECONDARY EDUCATION GED® PREPARATION PROGRAMS**  
**REFERRAL**

**SECTION I: (PLEASE PRINT CLEARLY)**

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Student's Name \_\_\_\_\_ Student #: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_  
Employer \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_  
Employer \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

**SECTION II: (TO BE COMPLETED BY SCHOOL COUNSELOR)**

**Please Indicate All Previous/Current Interventions:**

- |   |   |
|---|---|
| <input type="checkbox"/> School Counselor   | <input type="checkbox"/> S.A.T. Team  |
| <input type="checkbox"/> Psychologist   | <input type="checkbox"/> Child Study Referral Disposition _____               |
| <input type="checkbox"/> Social Worker  | <input checked="" type="checkbox"/> 504 Plan * Yes _____ No _____             |
| <input type="checkbox"/> Parent Conference  | <input checked="" type="checkbox"/> IEP * Yes _____ No _____ Disability _____ |
| <input type="checkbox"/> Attendance Officer   | <input type="checkbox"/> QUEST (Substance Abuse Intervention Program)         |
| <input type="checkbox"/> Office <input type="checkbox"/> I.S.D. <input type="checkbox"/> O.S.S. | <input type="checkbox"/> Job Corps/Commonwealth Challenge                     |
| <input type="checkbox"/> Coordinator, Student Conduct   | <input type="checkbox"/> Other Alt. Ed. Program (i.e., Academy 360)           |
| <input type="checkbox"/> Other (please specify) _____   |   |

**Total High School Credits Earned:** \_\_\_\_\_

**Other Agencies/Services with prior/current involvement:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dept. of Social Services         | <input type="checkbox"/> Juvenile Court           | <input type="checkbox"/> Child Protective Services |
| <input type="checkbox"/> Individual Counseling            | <input type="checkbox"/> Mental Health Department | <input type="checkbox"/> Juvenile Group Home       |
| <input type="checkbox"/> Treatment Facility (Name: _____) | <input type="checkbox"/> Other _____              |  |

**Please attach: Attendance Record (past two years) – IEP, including Psychological, Educational and Sociological (if applicable) – SOL Test Scores – Transcript, including current report card, and Discipline History**

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Referred By (please print): \_\_\_\_\_ Phone \_\_\_\_\_  
Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Case Manager's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

By signing this application I am verifying that I have received full disclosure regarding the ISAEP/Pre-GED program and understand all requirements for each of the options for completing public school.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send form and supporting documentation to:**

**Melissa Radtke, Secondary GED Liaison**  
**Chesterfield Technical Center Phone: 768-6165, ext. 1916**

\*\*ALL SECTIONS OF APPLICATION MUST BE COMPLETED IN ORDER TO BE PROCESSED. INCOMPLETE APPLICATIONS WILL BE RETURNED TO HOME SCHOOL.

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