

LIGHTHOUSE CHRISTIAN SCHOOL BEAM
Be Excellent Amaze Many

Referral Form

Students may be referred by parents or teachers. Information will be used as one of the sources of data to determine the student's educational needs.

Student Name _____ Date

Person nominating the Student _____ Phone

Relationship to the Student

What prompted you to initiate this referral?

What qualities or characteristics do you observe that you believe are exceptional?

Please reflect on the social and emotional well-being of the student. What relationships or interactions with peers, sibling, parents and others do you observe?

What other information do you wish to add?

Please return this referral form to the office. Thank you.