Student Referral to the CREA Program

Department of Secondary Curriculum and Districtwide Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

DIRECTIONS

Complete this document for English To Speakers of Other Languages (ESOL) students who are eligible and are recommended for placement in the Career Readiness Education Academy (CREA). **All required data** (see Part II) must be included in order for a student to be considered for the program. Send the completed referral form and additional data to the CREA Program Specialist.

PART I: IDENTIFYING INFORMATION

Student First Name _____ Last Name_____ MI _____

Grade _____ MCPS Student ID#_____ MCPS Entry Date _____/_____/_____ Date of Birth _____/_____/_____ Age_____

Please include current telephone numbers: Parent/Guardian Phone _____-_____-_____ Student Phone _____-_____-_____

Home School_____

Is the student enrolled in METS? ❏ Yes, currently ❏ Previously enrolled ❏ Never enrolled

PART II: ASSESSMENT DATA. Include most recent data available. Attach additional information if necessary.

Overall WIDA ACCESS Score	Current Math Class and Grade

Required additional data *must be* included with this referral:

❏ MCPS Transcript ❏ Current Grades ❏ Writing Sample ❏ Graduation Credit Evaluation

❏ Documentation of credits earned from home country (if applicable)

PART III: CREA ELIGIBILITY CHECKLIST. Please place (✓ or X) next to all that apply.

❏ The student is enrolled in an ESOL program.

❏ The student will be 18 years of age or older as of the first day of the start of the school year.

❏ The student is *unlikely* to meet Maryland state graduation requirements by the end of the academic year in which the student turns 21, based on a completed graduation plan regarding the 4-year or 5-year cohort options.

❏ The student is interested in pursuing an alternative pathway to a high school diploma through General Education Diploma (GED) preparation.

❏ The counselor has held a conference with the student and parent/guardian to determine the student's interest in the program and explain why the student is being referred to CREA.

Select either the full-day or the evening program:

❏ **Full-Day Option** (regular school hours, Monday–Friday)

OR

❏ **Evening Option** (5:30–8:30 p.m. Monday–Thursday)

Please note: In either option students are considered full-time MCPS students.

Indicate the student's preferred career pathway option: _____

PART IV: COMMENTS. Please add comments and/or attach information that supports the recommendation to place the student in the CREA Program (e.g., attendance history, class performance trends, and/or schooling history).

PART V: HOME SCHOOL REFERRAL REVIEWED BY:

ESOL Resource Teacher Printed Name _____

ESOL Resource Teacher Signature _____Date _____/_____/_____

School-based Counselor Printed Name _____

School-based Counselor Signature _____Date _____/_____/_____

School Administrator's Printed Name _____ Position_____

School Administrator's Signature_____Date _____/_____/_____

PART VI: INTERNATIONAL ADMISSIONS AND ENROLLMENT (IAE) OFFICE REFERRAL REVIEWED BY:

IAE Staff Member Printed Name:_____

IAE Staff Member Title: _____

IAE Staff Member Signature _____Date _____/_____/_____

PART VII: FOR CREA STAFF USE ONLY:

CREA staff members have reviewed the student's referral form and accompanying documents and have determined that the student ❏ meets/ ❏ does not meet the eligibility requirements to participate in the CREA program.

CREA Program Specialist Printed Name _____

CREA Program Specialist Signature _____

Foundations Office Supervisor Printed Name _____

Foundations Office Supervisor Signature _____

School Principal Signature _____

Additional Comments:

COPY DISTRIBUTION: 1/Student's Cumulative Record, 2/ESOL Folder, 3/CREA Program Specialist