



# EDUCATION 2 EMPLOYMENT (E2E)

## REFERRAL FORM

(And Authorizations/Waivers/Privacy Statements)

The Solano County Office of Education (SCOE), in support of Memoranda of Understandings with local school districts and First 5 will accept “Participant” referrals of youth who could benefit from SCOE’s services. This E2E Referral Form is required to be submitted with important information *and important waivers of certain rights of confidentiality* deemed necessary by SCOE in accepting the Participant and evaluating how it may best be of assistant.

Participant Information	Parent/Guardian Information, if Minor
Name:	Name:
Street Address:	Phone Number
City, State & Zip Code:	Relationship
Phone Number:	Email Address
Date of Birth:	Preferred Language:
Email Address	
<input type="checkbox"/> You may leave message at above telephone number.	

Referring Information
Name of Agency (If applicable):
Date of Referral:
Telephone Number:
Authorized Person:
Signature of Authorized Person:

Eligibility
<input type="checkbox"/> Age 16 - 24
<input type="checkbox"/> Not Attending School or At Risk of Dropping
<input type="checkbox"/> No High School Diploma
<input type="checkbox"/> Desire to Obtain High Diploma or Equivalency/GED

Services
<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Work Experience/Job Placement
<input type="checkbox"/> Supportive Services
<input type="checkbox"/> Academic/Vocational Exploration
<input type="checkbox"/> Postsecondary Preparation/Transition
<input type="checkbox"/> Financial Literacy
<input type="checkbox"/> Mentoring
<input type="checkbox"/> Other (specify):

**Additional Information for Use in Evaluating this Referral** (do not provide confidential information, including detailed medical information or judicially-related information, unless the Authorization and Release/Exchange of Information waivers on the back-side of this form are signed by all required individuals.

<b>Additional Information:</b>
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## Authorization to Release/Exchange Confidential Information Waiver of Confidentiality Laws

The Family Educational Rights and Privacy Act (FERPA) is designed to protect the privacy aspects of a student's educational record. It regulates the use and disclosure of personal information in educational records and permits a student to know what material is maintained in those records. Federal and state laws also protect certain issues regarding an individual's health/medical status, criminal history or status, or other information not generally available to the public.

In order for this referral program to be most effective, SCOE desires to obtain the records below in order to better assess the participant and help ensure the success of offered programs/services. SCOE also believes it is in the best interest of the participant to be able to (i) share the received information with other public agency/public support partners in their joint efforts to support the Participant (information shall not be shared with any public agency/public support partner who is not already involved in the Participant's support, or who is authorized to be involved in that support, and (ii) to responsively share information with the referring public agency/public support member regarding SCOE's efforts, findings, and assistance.

Requested/Authorized Access to Information	
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> E2E Individual Success Plan (ISP)
<input type="checkbox"/> Academic Transcripts	<input type="checkbox"/> Justice Involved History
<input type="checkbox"/> Employment History	<input type="checkbox"/> Medical Records (specify):
<input type="checkbox"/> IEP or 504	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Assessment Results	<input type="checkbox"/> Other (specify):

Authorized Sharing with Agencies/Community Support Organizations (Individual or All)	
<input type="checkbox"/> Solano County Health & Social Services	<input type="checkbox"/> First Place for Youth
<input type="checkbox"/> Unified School District within Solano County	<input type="checkbox"/> Solano County Probation
<input type="checkbox"/> Workforce Development Board of Solano County	<input type="checkbox"/> Medical Care Provider (specify):
<input type="checkbox"/> Any Public Agency/Community Support Organization SCOE or the Referring Agency/Community Support Organization Deems Reasonable and Appropriate	
<input type="checkbox"/> I/we specifically do not want a sharing of confidential or private information with:	

For the information and entities designated above, and to the extent such information may relate to this referral and/or the actual/anticipated services of SCOE, I hereby authorize the release and sharing of such information, with this authorization and waiver remaining in full force and effect while I remain a part of any SCOE-provided services or programs for my benefit/for the Client's benefit. I understand that I may cancel this authorization at any time, for any reason, but that doing so may result in inability to remain a part of SCOE's services. If I choose to revoke this waiver and release, I must provide a written notice to \_\_\_\_\_.

\_\_\_\_\_  
Participant (minor or adult)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Participant's Parent/Legal Guardian (if a minor)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
SCOE Representative

\_\_\_\_\_  
Dated