



Community Conferencing Program
SCHOOL REFERRAL FORM

School: _____

Date of Referral: _____

Student One:

Student Two:

Name _____

Name _____

DOB _____ Race _____

DOB _____ Race _____

Parent(s)/Guardian _____

Parent(s)/Guardian _____

Address _____

Address _____

Phone (Day) _____

Phone (Day) _____

(Eve) _____

(Eve) _____

email: _____

email: _____

*If additional students are involved in or affected by this incident, please provide their contact information (as above) on a separate page.

Date of incident: _____

Brief description of incident or situation, disciplinary action taken, etc: _____

Person making referral: _____ Phone number: _____

Position at school: _____ Email: _____

PLEASE NOTE: A school staff person familiar with this incident must be available to CCP should further information be needed. Please provide their name and phone number below:

School Contact: _____ Phone number: _____

Email address: _____

Questions?? Call (410) 527-4321

Instructions: Complete, and Email to: conferencing@crbaltimorecounty.org -OR- Fax to 410-500-5189 Use additional pages if necessary to include ALL students involved. You will receive an email confirmation within 24 hours stating that we have received your referral! If you do not receive such, call or email CCP ASAP. This means we did not receive your referral. Thank you! We are happy to help.