

**READINESS TO LEARN – NON-ENROLLED PARTICIPANT FORM**

**Staff Name:** \_\_\_\_\_

**Period:** 2011-2012

**Number of referrals received but not engaged:**

Unable to contact family: \_\_\_\_\_

Program capacity issues: \_\_\_\_\_

Family declined participation: \_\_\_\_\_

Referral not appropriate for RTL: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Service	Information & Referral
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**Academic**

Early Childhood Education	
Head Start/ Early Head Start/ ECEAP	
Academic Counseling	
Alternative School Program	
Tutoring	
Student Advocacy	
Classroom Behavior Intervention(s)	
After School/ Evening Activities	
Adult or Peer Mentors	
Summer Activities	
School Supplies or Fees	
Adult Education/ Employment	
Other(Specify):	

**Family Basic Needs**

Food Assistance	
School Lunch or Breakfast Program	
Clothing Assistance	
Transportation	
Child Care	
Public Assistance	
Translation	
Interpreter Services	
Holiday Food or Gift Basket	
Emergency Housing	
Rent Assistance	
Utilities	
Household Supplies	
Legal Assistance	
Misc. Financial	
Other(Specify):	

**Health Needs**

Health Insurance	
Health Screening	
Corrective Hearing/ Vision	
Dental Care	
Immunizations	
Nutrition	
Developmental Screening	
Health Care Access	
Other medical care	
Other(Specify):	

**Social/Emotional**

Child Counseling	
Family Counseling	
Mental Health Assessment	
Other Mental Health Treatment	
Alcohol/Drug Treatment/Support	
Peer Support Groups	
Referral to CPS	
Advocacy	
Parent/Child Engagement Activities	
Parent/School Engagement Activities	
Parent Education/Support	
Parent Mentors	
Other (Specify)	