

RESPECT Project San Diego County Sheriff's Department 151 E Carmel St, San Marcos, CA 92078 (760) 842-5780

Student Referral					
Name: Date of Birth:					
Address: School & Grade:					
Student Phone:					
Guardian: Guardian Phone:					
Student notified of referral? (check)					
Student notified of referral? (Check) - res7 - No Guardian notified of referral? (Check) - res7 - No					
Requirements				Yes	No
Is this student between 8 th and 12 th grade?					
Does this student want to participate on a 100% voluntarily basis?					
Can this student attend RESPECT on Tuesdays and Thursdays from 3:30pm – 6:00pm ?					
Is this student willing to participate in all RESPECT activities, including sports and fitness?					
Does this student have reliable transportation to/from the RESPECT Project headquarters?				П	
If not, please explain:					
Student's Character		Rarely	Sometim	es	Mostly
Is this student remorseful? (if justice-involved or discipline-related)					
Is this student teachable and willing to change?					
Is this student willing to feel uncomfortable and try new things?					
Does this student want to play sports and participate in physical fitness?					
Does this student honor commitments and arrive on time?					
Does this student follow directions and abide by rules?					
Does this student get along with, and work well with other	ners?				
Referral Source					
Name: Date:					
Agency: E-Mail Address:					
Title: Phone No:					

Briefly describe why this student is being referred. How can this student benefit from RESPECT Project?