

# McKinney-Vento Staff Referral ROCORI Schools

Staff member: \_\_\_\_\_ Date sent to liaison \_\_\_\_\_

School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Male  Female

Please describe circumstances prompting the referral. Please provide as much detail as able.

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Please send completed referral to:

Jen Illies-Sabol  
McKinney-Vento District Liaison  
saboljen@rocori.k12.mn.us  
Fax: 685-4968

