CEC
Center for Evaluation and Counseling

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Tax ID # 22-3321714
NJ Reg # CH0655800

School Clearance Risk Assessment Referral Form

Date: _____

School District: _____ **Name of School:** _____

Billing Information: _____

Must Select One: ☐ School Clearance Risk Screening ($300) ☐ School Clearance Risk Assessment ($600)

☐ Comprehensive School Clearance Risk Assessment ($900)

Name of Referent: **Phone Number:**

Email:

Student's Name: **Student's DOB:**

Student ID Number:

Parent/Guardian Name: **Cell Number:**

Parent/Guardian Name: **Cell Number:**

Parent/Guardian Email:

Reason for Referral (*Please include all supporting documents with referral*):

_____

_____

_____

Please list all names and email addresses of those who will receive a copy of the letter/report electronically:

For Tier 3 only, do you require a hard copy of the report: ☐ No ☐ Yes
If so, where will it be sent:_____

_____

Please forward the completed Referral Form to: schools@centerforeval.org