



**PARENT/STUDENT REFERRAL**  
**KING COUNTY EDUCATION REENGAGEMENT TEAM (KCERT)**  
**& COMMUNITY ATTENDANCE SUPPORT TEAM (CAST)**  
 Send completed referrals to [schoolreengagement@kingcounty.gov](mailto:schoolreengagement@kingcounty.gov)



The King County [Community Attendance Support Team \(CAST\)](#) meets with students and families to identify and address barriers to school attendance. The CAST is made up of members representing community agencies and school districts from across King County, and is coordinated by the King County Superior Court Becca Program. CAST members offer access to a variety of opportunities, supports, and resources to youth and families across King County, including, but not limited to educational programs, school-based supports, mentorship, internships, youth employment, drug and alcohol use support, behavioral or mental health support, youth advocates, and parent support.



**SECTION 1: Referral**

- I am a student requesting attendance support for myself
  - I am a parent/guardian requesting attendance support for my student.
- Support Requested:**  a CAST Meeting and/or  Assistance connecting with supplemental supports to address barriers to attendance:  Parent Supports  Youth Supports  Family Supports  Housing  Education Advocacy  Unleash the Brilliance [Education Reengagement Workshop](#)  Youth employment/internship opportunities  Other: \_\_\_\_\_

**SECTION 2: Student & Parent Information**

Student Name: \_\_\_\_\_ | DOB: \_\_\_\_\_ | Pronoun: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Grade level: \_\_\_\_ | School: \_\_\_\_\_ | District: \_\_\_\_\_  
 Does the student receive support services at school?  Yes: \_\_\_\_\_  No  
 Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_  
 Parent(s)/Legal Guardian(s) phone number(s): \_\_\_\_\_  
 Email(s): \_\_\_\_\_  
 Address of Parent(s)/Legal Guardian(s): \_\_\_\_\_  
 Preferred method of contact:  Texting  Call  Email  Other: \_\_\_\_\_  
**Interpreter requested in \_\_\_\_\_ language for:**  Student  Parent/Guardian  
 I am currently working with a community provider who I would like to participate in my/my student's CAST

**SECTION 3- Additional information (Optional):**

Goals:  Diploma  GED  Employment  Tech/Trade School  Other: \_\_\_\_\_  
 Student's Strengths and Interests: \_\_\_\_\_

Questions or concerns: \_\_\_\_\_

By requesting a CAST, I understand that I am giving my permission for the school district to release confidential information to the King County Community Attendance Support Team (CAST) members working with me and/or my student on reengagement efforts. This information may include attendance, grades, missing assignments, progress in individual programs such as: GED preparation programs and/or online educational programs, and discipline if related to engagement and attendance supports as needed for follow up. I understand that CAST members may be school district staff or community volunteers and that my student's information and records will be handled with confidentiality at all time. I understand that CAST members may be people I know from the community and I can request that an individual not sit in our meeting if it is a conflict of interest. I further understand that I may revoke my consent to release confidential information at any time by contacting a King County CAST Coordinator at [schoolreengagement@kingcounty.gov](mailto:schoolreengagement@kingcounty.gov) or 206-263-8886.

\_\_\_\_\_  
 Parent/Student Signature

\_\_\_\_\_  
 Print Name & Date