

ROE 47 TAP

ONE-TIME INTERVENTION REFERRAL-Lee/Ogle/Whiteside Counties

FAX: 815-288-5005

Date of Referral: _____

Homeless: Y N

SCHOOL _____

SCHOOL PHONE NO. _____ COUNTY _____

STUDENT _____

LAST

FIRST

MIDDLE

ADDRESS _____

SIS # _____

CITY _____ ZIP CODE _____

PHONE # _____

AGE _____

DATE OF BIRTH _____

RACE _____

SEX: M F

GRADE _____

Primary Language Spoken in Household: _____

IEP: Y N

WHO HAS CUSTODY OF STUDENT? FATHER MOTHER GUARDIAN OTHER (Explain)

FATHER'S NAME _____ ADDRESS _____

CITY _____ PHONE _____

MOTHER'S NAME _____ ADDRESS _____

CITY _____ PHONE _____

GUARDIAN'S NAME _____ ADDRESS _____ PHONE _____

**PLEASE ATTACH COPIES OF THE PARENT LETTER
AND THE MOST RECENT ATTENDANCE REPORT:
THE STUDENT MUST HAVE 3 UNEXCUSED ABSENCES.**

**NOTE: STUDENTS ON PROBATION OR WITHIN 6 MONTHS OF
THEIR 17TH BIRTHDAY ARE NOT ELIGIBLE FOR REFERRAL.**

THE FOLLOWING MUST BE COMPLETED OR THE REFERRAL FORM WILL BE RETURNED:

ENROLLMENT DATE _____ Current School Year

USE THIS FORMULA TO REPORT STUDENT'S ATTENDANCE FOR THE SCHOOL YEAR

Days present _____ divided by Days enrolled _____ Equals Attendance Percentage _____ %

THE NUMBER OF UNEXCUSED ABSENCES IS _____

THE NUMBER OF EXCUSED ABSENCES IS _____

Administering Office:

Regional Office of Education #47

815-625-1495

Robert Sondgeroth, Regional Superintendent