

STUDENT REFERRAL - Page 2 of 2

STUDENT NAME: _____

NUMBER OF DAYS REPORTED ABSENT OR TARDY EACH SCHOOL YEAR:					
Grade	Absent	Tardy	Grade	Absent	Tardy
K	_____	_____	5	_____	_____
1	_____	_____	6	_____	_____
2	_____	_____	7	_____	_____
3	_____	_____	8	_____	_____
4	_____	_____	9	_____	_____
REPEATED GRADE(S) _____					

SCHOOL SERVICES: DO ANY OF THESE APPLY? (If yes, please explain)

- Special Education: A review of student IEP will be needed to make sure ALOP program fits student needs. _____
- Physical handicap _____
- Recent death in family _____
- New to district _____
- Suspected substance abuse _____
- Frequent change of schools _____
- Recent divorce in family _____
- Probation _____

DOCUMENTATION OF SERVICES PROVIDED BY SCHOOL PRIOR TO ALOP REFERRAL.
PLEASE INCLUDE DATES AND ATTACH ANY WRITTEN DOCUMENTATION TO THE REFERRAL FORM.

- _____ Parent conferences _____
- _____ Phone contacts _____
- _____ Tutoring _____
- _____ Medical Verification _____
- _____ Attendance incentives _____
- _____ Out of school counseling referral _____
- _____ Social worker _____
- _____ Letter contacts _____
- _____ Schedule change _____
- _____ Shorten schedule _____
- _____ Homebound instruction _____
- _____ DCFS hotline referral _____
- _____ Other _____

COMMENTS REGARDING ATTITUDE OF STUDENT AND/OR PARENT and ADDITIONAL INFORMATION WHICH MAY HELP US WITH THIS CASE.

Submitted by: _____ Date: _____

School Administrator: _____ Date: _____