



Alternative Education Referral Form

Regional Office of Education # 47

1001 St. Mary's Street Sterling, IL 61081

(815) 625-1495

Office Use:

Date Received: _____

Date Reviewed: _____

Assigned Staff: _____

Date: _____ Name of person(s) making referral: _____

Student: _____

School: _____ Current Grade: _____ DOB: _____ M F

Parent/Guardian: _____

Address: _____

Email: _____ SIS #: _____

Phone #: _____ Work #: _____

Anticipated Date of Graduation (HS Only): _____

Number of Credits Needed: ____ Subject(s) student enjoys/excels in: _____

Grade Student Should Be In: ____ Credits Already Obtained (HS Only): _____

Does not perform well in: _____

Suggested Alternative Education Classroom:

Center for Change (Regional Safe School Program)

Center for Change (Options Program)

FLEX (Grades 9-12)

School Case Manager and Phone Number (appropriate social worker, guidance, etc.): _____

Other community agency workers (if applicable, DCF, probation, etc.): _____

Check if applicable: Special Education 504 EL (Translator needed Yes No) Language: _____

Please attach the following information. Check off to ensure this information is included:

Discipline Summary

Attendance Summary

Grades Summary

Current Schedule

Transcript

Current IEP and most recent evaluation or 504 Plan if applicable.

Records that must be forwarded after placement:

Health

Cumulative

Confidential

Reason for referral (be specific – why does this student require this intervention?):

Describe student strengths, likes, and interests (what does the student do well in?):

Describe interventions that have been implemented (attach 6 weeks of data if possible):

Describe parent/guardian involvement in implementing interventions (has parent missed any meetings?):

Has the parent/guardian been notified of this referral: Yes No

Please forward the complete referral packet electronically (via email) to:
Mark Morris, Principal
Regional Center for Change
mmorris@roe47.org