

## SCLA/Safe Schools Referral Form

Primary eligibility for SCLA must be truancy to be considered.

**Check One:**     **SCLA Referral**         **Safe School Referral**

| Student Information                           |                       |                            |                                |
|---|-----------------------|----------------------------|--------------------------------|
| <b>First Name</b>                             | <b>Middle Initial</b> | <b>Last Name</b>           | <b>SIS#</b>                    |
|   |                       |                            |                                |
| <b>Race/ Ethnicity:</b>                       |                       | <b>Sex:</b>                |                                |
| <b>Date of Birth:</b>                         |                       | <b>Age:</b>                |                                |
| <b>Student Living With:</b>                   |                       |                            |                                |
| <b>Grade Level Status and Credits Earned:</b> |                       |                            |                                |
| <b>Proposed Graduation Date:</b>              |                       |                            |                                |
| <b>Name of Home School:</b>                   |                       |                            |                                |
| 1 Parent/Guardian Information                 |                       |                            |                                |
| <b>First Name</b>                             | <b>Last Name</b>      |                            |                                |
|   |                       |                            |                                |
| <b>Email Address</b>                          |                       | <b>Home Phone</b>          | <b>Cell Phone</b>              |
|   |                       |                            |                                |
| <b>Street Address</b>                         |                       |                            |                                |
|   |                       |                            |                                |
| <b>City</b>                                   |                       | <b>State</b>               | <b>Zip</b>                     |
|   |                       |                            |                                |
| <b>Parent's Employer</b>                      |                       | <b>Parent's Work Phone</b> |                                |
|   |                       |                            |                                |
| 2 Parent/Guardian Information                 |                       |                            |                                |
| <b>First Name</b>                             | <b>Last Name</b>      |                            |                                |
|   |                       |                            |                                |
| <b>Email Address</b>                          |                       | <b>Home Phone</b>          | <b>Cell Phone</b>              |
|   |                       |                            |                                |
| <b>Street Address</b>                         |                       | <b>State</b>               | <b>Zip</b>                     |
|   |                       |                            |                                |
| <b>Parent's Employer</b>                      |                       | <b>Parent's Work Phone</b> |                                |
|   |                       |                            |                                |
| Emergency Contact Information                 |                       |                            |                                |
| <b>First Name</b>                             | <b>Last Name</b>      | <b>Phone Number</b>        | <b>Relationship to Student</b> |
|   |                       |                            |                                |

**Reason for Referral (Please be specific):**

**Action taken by the School up to this point:**

**Does the Student Have:**

**An IEP:**  Yes  No      **A 504 Plan:**  Yes  No

**If Yes, IDEA Eligibility:**      **If Yes, Case Manager:**

**Primary Referral (Check one):**

**SCLA:**  Truant  Chronic Truant  Dropout  
**Safe Schools: Expulsion Eligible**  Yes  No

**Secondary Referral (Check all that apply):**

Low Achievement    High Failure Rate    Teen Parent    Low Income  
 Credit Deficient    Court/Law Mandated    Drug/Alcohol Identified  
 Physical/Emotional Health Problems    Tardiness  
 Other(describe)\_\_\_\_\_

**Graduation Requirements**

| <u>IL &amp; US Constitution Test</u>  | SAT  | ACT  |
|---|--|--|
| <b>Needs to Take:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Date Passed (If Passed):</b> | <b>Needs to Take:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Date Taken:</b> | <b>Needs to Take:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Date Taken:</b> |

**Credits Required for Graduation:** \_\_\_\_\_ **Credits Accumulated:** \_\_\_\_\_

**Please list required courses the student needs for graduation:**

| Please Furnish the Following Information Where Applicable:   |                 |            |
|--|-----------------|------------|
| Number of Days Absent from School, Current Year:   | Excused:        | Unexcused: |
| Number of Days Absent from School, Previous Year:  | Excused:        | Unexcused: |
| Referral will not be accepted without the following documents attached:<br><input type="checkbox"/> Current Transcript <input type="checkbox"/> Current Schedule <input type="checkbox"/> Current Grades |                 |            |
| Other Pertinent Information  |                 |            |
| Is student currently under the care of a doctor for a mental or physical condition:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |            |
| If yes, please list name(s) of doctor(s) and any counselors the student is seeing:   |                 |            |
| Medication(s) Prescribed and Time of Day to Receive:   |                 |            |
| Currently on Probation or Parole: <input type="checkbox"/> Yes <input type="checkbox"/> No   |                 |            |
| If Yes, Name of Officer:   |                 |            |
| Other Information:   |                 |            |
| Please attach or list discipline issues that SCLA/Safe Schools Should be Aware of (including number of in-school suspensions, out-of-school suspensions, and reason for suspensions):                    |                 |            |
| Is the Parent/ Guardian Aware of the Referral?   | Yes             | No         |
| The Home School Will Provide Transportation.   | Yes             | No         |
| Home School Counselor:   | Date Submitted: |            |
| Administrator Sign Off (Required for consideration):   |                 |            |

**Please Scan and Email all documents to the appropriate program:**

- **SCLA:** Email referrals/documents to Julie Sullivan [jsullivan@roe51.org](mailto:jsullivan@roe51.org)
- **Safe Schools:** Email referrals/documents to Bill Lamkey [blamkey@roe51.org](mailto:blamkey@roe51.org)

(If information cannot be emailed, you may then fax to SCLA (529-3388) or Safe Schools (585-8098).

For Office Use Only:      Enrollment Date \_\_\_\_\_      Exit Date \_\_\_\_\_