

FLEX

STUDENT REFERRAL: Alternative Learning Opportunity Program-Dixon

LEE/OGLE COUNTY OFFICE -- 815-652-2054, FAX: 815-652-2053

Date of Referral: _____ Anticipated Start Date _____
SCHOOL _____ SCHOOL PHONE NO. _____ COUNTY _____

STUDENT _____
LAST FIRST MIDDLE

ADDRESS _____ SIS # _____

CITY _____ ZIP CODE _____ PHONE # _____

AGE _____ DATE OF BIRTH _____ RACE _____ SEX: M F GRADE _____

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

FATHER'S NAME _____ ADDRESS _____ PHONE _____

FATHER'S EMPLOYER: NAME _____ CITY _____ PHONE _____

MOTHER'S NAME _____ ADDRESS _____ PHONE _____

MOTHER'S EMPLOYER: NAME _____ CITY _____ PHONE _____

GUARDIAN'S NAME _____ ADDRESS _____ PHONE _____

REFERRAL ELIGIBILITY OF STUDENT: Check one.
____ Credit Recovery Reason for Referral: ____ Attendance ____ Academics ____ Behavior
____ Alternative Completion
____ # of credits student has ____ # of credits student still needs

THE FOLLOWING MUST BE COMPLETED OR THE REFERRAL FORM WILL BE RETURNED:
ENROLLMENT DATE _____
USE THIS FORMULA TO REPORT STUDENT'S PERCENTAGE OF ATTENDANCE FOR THE 2011/2012 SCHOOL YEAR
Days present _____ divided by Days enrolled _____ Equals Attendance Percentage _____ %
THE NUMBER OF UNEXCUSED ABSENCES IS _____
THE NUMBER OF TARDIES IS _____
THE NUMBER OF EXCUSED ABSENCES IS _____

ATTACH COPIES OF THE FOLLOWING:
SCHOOL NOTIFICATION LETTERS TO PARENT/GUARDIAN
COPY OF MOST RECENT ATTENDANCE RECORD
COPY OF TRANSCRIPT/REPORT CARD
CLASS/DAILY SCHEDULE

Administering Office:
Lee/Ogle Regional Office of Education 815-652-2054
Amy Jo Clemens, Regional Superintendent

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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 TRUANCY 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: _____