

# FLEX

## STUDENT REFERRAL: Alternative Learning Opportunity Program-Oregon

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

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: \_\_\_\_\_