

# FLEX

## STUDENT REFERRAL: Alternative Learning Opportunity Program-Rochelle

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: \_\_\_\_\_