

# LODIS

## STUDENT REFERRAL TO LEE/OGLE DROPOUT INTERVENTION SYSTEM

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

SCHOOL \_\_\_\_\_ SCHOOL PHONE NO. \_\_\_\_\_ COUNTY \_\_\_\_\_

STUDENT \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ Student Identity # \_\_\_\_\_

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.**  
TRUANT \_\_\_ (Unexcused absences of last 180 days/5 days)  
CHRONIC TRUANT \_\_\_ (Unexcused absences of 10% or more of last 180 days/18 days)

**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 2010/2011 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 \_\_\_\_\_
- 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 LODIS 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 \_\_\_\_\_
- \_\_\_\_\_ Alternative School/RSSP referral \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

COMMENTS REGARDING ATTITUDE OF STUDENT AND/OR PARENT and ADDITIONAL INFORMATION WHICH MAY HELP US WITH THIS CASE:

  
  
  

NOTE: School personnel must have made parent/guardian contact regarding student's attendance within the month prior to referral to LODIS.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_