

# LODIS

## STUDENT REFERRAL TO LEE/OGLE DROPOUT INTERVENTION SYSTEM

FAX: 815-284-2537

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 5% 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 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 REFERRAL - Page 2 of 2

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: \_\_\_\_\_