



Referral SY 2023-2024

7700 Ashley Road, Morris, IL 60450 | P: (815) 416-0377 | F: (815) 942-9191

Referral Date _____ Home School&Contact Name _____/_____

Preferred language in student household (if other than English) _____ **Translator needed?** _____

STUDENT INFO:

Name _____ Birthdate _____ IL SIS# _____

Grade _____ Cell# _____ Student Email _____

Street _____ City _____ Zip _____

CONTACT INFO:

1)Parent/Guardian _____ Relationship to Student _____

Street _____ City _____ Zip _____

Cell # _____ Email _____ Lives With? _____

2)Parent/Guardian _____ Relationship to Student _____

Street _____ City _____ Zip _____

Cell # _____ Email _____ Lives With? _____

STUDENT INFORMATION (all required or intake will not be scheduled):

Days enrolled (last 176 days) _____

Excused absences _____ Unexcused absences _____ Days tardy _____ Days Suspended _____

Does student have an **IEP**: YES NO **504**: YES NO **RTI plan**: YES NO

Is student eligible for **free or reduced lunch**: YES NO **McKinney-Vento Act**: YES NO

REQUIRED ATTACHMENTS TO PROCESS THE REFERRAL:

- | | |
|---|------------------------------|
| 1. Premier's Individualized Learning Plan (ILP) | 5. Up-to-date transcript |
| 2. Attendance data for last 176 school days | 6. Discipline records |
| 3. Documentation of academic, behavior & attendance interventions | 7. Current semester schedule |
| 4. Copy of IEP, 504, RTI, Behavior Contract or Expulsion Letter (if applicable) | 8. Current grades |

If the student is removed from Premier Academy, they will:

_____ will be removed from the Home School for the remainder of the semester/school year/expulsion will go into effect

_____ will be removed from Premier and transfer back to Home School

REFERRAL REASON – RSSP or TAOEP

RSSP:

Students being referred for RSSP must maintain RCDTS Home School enrollment within the district and have their RCDTS Serving School enrollment changed to **24-000-0000-00-9301**. Any expelled student must be re-enrolled and administratively transferred.

***Estimated Length of Placement** (required/not to exceed 2 years): _____

PRIMARY referral reason(s):

- _____ RSSP Suspension Eligible – student has been suspended at least twice for a period of 4-10 days for gross misconduct or involved in conduct that can be demonstrated as serious/repetitive/cumulative
- _____ PA 97-0495 RSSP Suspended & Administratively Transferred – student was suspended in excess of 20 days
- _____ RSSP Expulsion Eligible – student was expulsion-eligible due to serious/repetitive/cumulative conduct and is transferred in lieu of expulsion
- _____ PA 97-0495 RSSP Expelled & Administratively Transferred – student was expelled & administratively transferred

SECONDARY referral reason(s) (must check 1 or more that corresponds with suspension or expulsion):

<ul style="list-style-type: none"><input type="checkbox"/> Alcohol- liquor law violations, possession, use, sale<input type="checkbox"/> Disorderly Conduct- disruptive behavior<input type="checkbox"/> Drugs (excluding alcohol and tobacco)- illegal drug possession, sale, use/under the influence<input type="checkbox"/> Fighting (mutual altercation) battery, and/or physical altercation<input type="checkbox"/> Harassment (nonsexual)- physical, verbal, or psychological<input type="checkbox"/> Insubordination- disobedience to school staff or school personnel<input type="checkbox"/> Robbery- taking of things by force or theft<input type="checkbox"/> Threats- including school threats<input type="checkbox"/> Vandalism- damage to school or personal property<input type="checkbox"/> Violation of School Rules- disobeying school rules<input type="checkbox"/> Weapons Possession- firearms and other weapons<input type="checkbox"/> Other Offenses _____

*Please attach any documents that have been utilized for this referral, including behavior contracts and discipline records.

TAOEP:

Students must maintain RCDTS Home School enrollment within the district and have their RCTDS Serving School enrollment changed to **24-000-0000-00-9201**.

Estimated Length of Placement: _____

PRIMARY referral reason(s):

_____ TAOEP Chronic Truant – student who is absent w/o valid cause for 5% or more of the previous 180 regular school attendance days

_____ TAOEP Truant – student who is absent w/o valid cause from such attendance for a school day or portion thereof

_____ TAOEP Potential Dropout from grades 6-12 – student whose school absences or pattern of school attendance impedes the student’s learning or contributes to the student’s failure of meeting learning standards

_____ TAOEP Dropout from grades 6-12 – student whose name has been removed from the district enrollment roster for reasons other than death, extended illness, or graduation and has not been transferred to another school

Drop Out Date _____ Reason _____

SECONDARY referral reason(s) (must check 1 or more):

- Credit Deficient– student who has not earned adequate credit for their appropriate grade level toward graduation
- Court/Law Mandated– student whose participation in TAOEP has been recommended/required by law enforcement/court
- Drug/Alcohol Problems– student who has been identified as having drug and/or alcohol problems
- Health Problems– student having physical or emotional health conditions that place them at risk of dropping out of school
- High Failure Rate– student who has failed at least 20% of academic courses in previous grade period
- Low Achievement– student who falls below the district mean achievement levels in both reading & math
- Low Income– a low-income student as indicated by receiving free lunch/public assistance
- Tardiness– a student who comes to classes late, repetitively
- Teen Parent– a student who is a teen parent and who has not received a high school diploma or GED
- Other Offenses _____

Truancy Interventions/Services (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Student conference with Counselor/Dean/Administrator | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Parent conference with School Administrator | <input type="checkbox"/> Home visits |
| <input type="checkbox"/> Phone calls to parent/guardian | <input type="checkbox"/> Issued Med Doc form |
| <input type="checkbox"/> Referral to outside social services agencies | <input type="checkbox"/> Social Work services |

*Please attach any documents that have been utilized for this referral, including attendance letters and any/all medical documentation, as well as the student’s truancy officer’s name (if applicable).

Officer Name _____