Referral SY 2026-2027

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

REQUIRED ATTACHMENTS TO PROCESS THE REFERRAL:

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

*ALL INFO REQUIRED OR INTAKE WILL NOT BE SCHEDULED

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?_____

Emergency CONTACT INFO:

Name_____ Relationship to Student_____

Cell #_____ Email_____ Lives With?_____

ATTENDANCE DATA:

DAYS ENROLLED (last 176 days)_____

Excused absences_____ Unexcused absences_____

Mental Health Days used_____

Days tardy_____ Days Suspended_____

DEMOGRAPHICS:

IEP: YES NO 504: YES NO

RTI plan: YES NO

Free/Reduced Lunch: YES NO

McKinney-Vento: YES NO

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.

*RSSP referrals can be extended up to 4 full semesters from referral date; return date should indicate the anticipated date that student can return to home school. If referral is for less than 4 full semesters, it can be extended based on Input from family, home school and Premier Academy.

Return Date (required/not to exceed 2 years)**:**_____/_____/_____

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

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)**:**

- ☐ Alcohol– liquor law violations, possession, use, sale
- ☐ Disorderly Conduct– disruptive behavior
- ☐ Drugs (excluding alcohol and tobacco)– illegal drug possession, sale, use/under the influence
- ☐ Fighting (mutual altercation) battery, and/or physical altercation
- ☐ Harassment (nonsexual)– physical, verbal, or psychological
- ☐ Insubordination– disobedience to school staff or school personnel
- ☐ Robbery– taking of things by force or theft
- ☐ Threats– including school threats
- ☐ Vandalism– damage to school or personal property
- ☐ Violation of School Rules– disobeying school rules
- ☐ Weapons Possession– firearms and other weapons
- ☐ Other Offenses _____

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**.

Return Date (required/not to exceed 2 years)**:_____/_____/_____**

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 _____

<u>Truancy Interventions/Services</u> (check all that apply)**:**

- ☐ Student conference with Counselor/Dean/Administrator
- ☐ Parent conference with School Administrator
- ☐ Phone calls to parent/guardian
- ☐ Referral to outside social services agencies
- ☐ School Nurse
- ☐ Home visits
- ☐ Issued Med Doc form
- ☐ 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 _____