



# LINCOLN SCHOOL

A Program of the Will Regional Office of Education  
960 Royce Ave Joliet IL 60432 Phone: (815) 774-8900 Fax (815) 722-3352

## SAFE SCHOOL REFERRAL

Please fill this form out electronically. Handwritten forms may not be accepted.

Student \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ SIS # \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name(s)

\_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Home School \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Has student ever been determined eligible for special education? YES \_\_\_ NO \_\_\_

Has student ever been determined eligible for ELL services? YES \_\_\_ NO \_\_\_

Does student have an IEP? YES \_\_\_ NO \_\_\_ Does student have 504? YES \_\_\_ NO \_\_\_

Does student have RTI Plan? YES \_\_\_ NO \_\_\_ If yes, attach current IEP/504 /RTI Plan

Free or reduced lunch? YES \_\_\_ NO \_\_\_ **Expected Return Date:** \_\_\_\_\_

### **Reason for Referral:**

\_\_\_\_\_ Multiple suspensions; list reasons for suspensions: \_\_\_\_\_

\_\_\_\_\_ Eligible for expulsion/In lieu of expulsion\*; list reason: \_\_\_\_\_

*\*Students who attend the RSSP cannot be expelled outright from the district: he/she cannot have an expelled status. The student must maintain RCDTS Home School enrollment within the district and have his/her Serving School enrollment changed to 56-000-0000-00-9301, as determined within SIS.*

### **Required Baseline Data for Current School Year:**

Last Date of Attendance: \_\_\_\_\_ Days Tardy \_\_\_\_\_

Excused Absences \_\_\_\_\_ Unexcused Absences \_\_\_\_\_ Number of Referrals \_\_\_\_\_

Student attended \_\_\_\_\_ days of \_\_\_\_\_ possible attendance days Number of Suspensions \_\_\_\_\_

Has student been referred to Will County Truancy YES \_\_\_ NO \_\_\_

**REQUIRED ATTACHMENTS TO PROCESS THE REFERRAL: (1) Individual Learning Plan (I.L.P.), (2) Transcript, (3) Attendance Data, (4) Current Schedule & Grades, (5) Credit Audit Checklist, (6) Standardized Test Scores, (7) Discipline Record, (8) Documentation of Academic, Behavior and Attendance Interventions, (9) Copy of Expulsion Letter (if applicable)**

### **GED:**

\_\_\_\_\_ Has permission to pursue GED prep courses

\_\_\_\_\_ Is at least 17 years old

\_\_\_\_\_ Is at least 1 year credit deficient