

COPE REFERRAL FORM

Email completed form along with supporting documentation to:

Sherri Schimpf, Administrator
sschimpf@roe30.org
Telephone/ Fax 618-684-2913

*****ALL CRITERIA ON THIS FORM MUST BE COMPLETED AND SUBMITTED BEFORE ANY ACTION CAN BE TAKEN ON THE REFERRAL*****
sschimpf@roe30.org

Student Name _____ M ___ F ___

Student Address _____

Birthdate _____ Age _____ Student Information System(SIS) # _____

Grade _____ Ethnicity _____

Has the student previously been enrolled in the COPE program? _____ Dates: _____

Is the student on court supervision or probation? Yes _____ No _____ (If so please include all pertinent information)

Has the student had a Truancy Referral? _____

Check here if student receives free lunch _____ or public aid _____

Current credits needed to graduate (HS students only) _____

Names of Parents or Guardian _____

Address _____

Home/Cell Phone _____ Parent Work Phone _____

Parent Email _____

Other contacts _____

DISTRICT MAKING REFERRAL

Name _____ Position _____

Referring School or Agency _____

Phone _____ Fax _____ Email _____

REASON FOR REFERRAL

_____ Returning from juvenile detention facility.

_____ Transfer from behavior alternative program. Name of School _____

_____ Eligible for Expulsion (Stay of Expulsion): Submit all documents describing acts of gross misconduct and/or disobedience that threatened the safety of other students, staff, or the school community.

_____ Multiple (two or more) out of school long term (4 - 10 days) suspensions identifying misconduct that can be demonstrated as serious and repetitive. Submit all documentation that supports reason(s) for suspension to include interventions utilized, support services offered, and any re-engagement plan utilized upon returning from suspension. Specifically identify behaviors that threaten school safety.

Total Suspensions _____ Total # of days suspended _____

REQUIRED DOCUMENTS TO BE SUBMITTED WITH REFERRAL FORM:

- **IF COMING IN LIEU OF EXPULSION - DOCUMENTATION OF BOARD ACTION IS REQUIRED**
- **STUDENT'S GRADES**
- **COURSES ENROLLED**
- **INTERVENTIONS UTILIZED TO IMPACT STUDENTS' NEGATIVE BEHAVIOR**
- **HEALTH RECORDS**
- **ANY SPECIAL ACCOMMODATIONS**

To help evaluate and facilitate your student's academic progress, please identify the assessment tool(s) utilized for RTI evaluation and/or other academic placement.

Assessment Tool Utilized _____

Date of last assessment _____

Contact Person name/Position/phone# _____