

COPE REFERRAL FORM

Email completed form along with supporting documentation to:

Tammy Caldwell, Administrator

tcaldwell@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**

STUDENT INFORMATION:

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
(pertinent information)

(If so please include all

Has the student had a Truancy Referral?

Date of referral:

Current credits needed to graduate (HS students only)

PARENT INFORMATION:

Names of Parents or Guardian

Address

Home/Cell Phone

Parent Work Phone

Parent Email

In case of Emergency Call

Student lives with

DISTRICT MAKING REFERRAL

Name

Position

Referring School or Agency _____

Phone

Email

REASON FOR REFERRAL

Returning from a 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. Include expulsion letters approved by the School Board.

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

SEL/BEHAVIOR INFORMATION:

SPECIFIC BEHAVIOR(S)

INTERVENTIONS ATTEMPTED:

MENTAL HEALTH SERVICES PROVIDED:

TEST SCORES: (Submit academic records: Standardized tests, RTI, etc) *****Please attach student's transcript and current grades.**

HEALTH RECORDS: (Please submit any/all pertinent records)

STUDENT'S ATTENDANCE RECORD:

Days Enrolled

Days Absent

Number of Tardies

Number of Unexcused Absences

OTHER CONSIDERATIONS: Please provide a short explanation of why you feel an alternative setting will meet the needs of the student identified above:

EDGENUITY COURSES:

Edgenuity Progress Reports *If yes, please list parent email:

(Mark **Yes or No**, if yes please mark weekly or monthly)

Yes

No

Weekly

Monthly

EDGENUITY COURSES REQUESTED (Please mark whether the student is to be enrolled in the Credit Recovery (CR) version or the Initial Credit (IC) version of the course(s):

****Home school will be responsible for reporting grades to ISBE and required uploads. Serving school will forward semester grades to home school in a timely manner.**