COPE REFERRAL FORM

Email completed form along with supporting documentation to:

Karen Wolfe
kwolfe@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 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 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#_____