

PROJECT SOAR REFERRAL FORM

EMAIL THE COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO:
Sherri Schimpf: sschimpf@roe30.org

DATE: _____

All information MUST be completed before any action can be taken.

STUDENT INFORMATION

High School Junior High

Student Name _____

Last Name

First Name

Middle Initial

SIS # _____ Gender _____ Ethnicity _____ DOB _____ Grade _____

Student Address _____

PARENT INFORMATION

Parent Name _____ Phone _____

Place of Work _____ Phone _____

In Case of Emergency Call _____ Phone _____

Parent Email Address _____

DISTRICT INFORMATION

School _____ Phone _____

Address _____

Referred by _____ Position _____

Email Address _____

Primary Reason for Referral: (Mark all that apply)

_____ Truant _____ Chronic Truant _____ Social/Emotional Issues

_____ Potential Dropout w/ High Absenteeism _____ Potential Dropout w/Poor Academic Performance

Secondary Reason for Referral: (Mark all that apply)

_____ Credit Deficient _____ Court/Law Mandated Participation _____ Drug/Alcohol
_____ High Failure Rate _____ Low Achievement _____ Tardiness
_____ Teen Parent _____ Physical/Emotional Health Issues _____ Other (Describe below)

OTHER SERVICES: (Please mark)

Special Ed Identified YES NO 04 Plan Identified YES NO

504 Plan Services (description) _____

ACADEMIC DATA: (Please submit current grades)

Current Credits Earned: _____ Credits Attempted: _____

Credits Needed to Graduate OR Advance: _____

DISCIPLINE DATA: (Please submit discipline referral data/logs)

Number of Suspensions: _____ Office Referrals: _____

INTERVENTIONS: (Please submit a brief summary of attempted interventions)

TEST SCORES: (Please submit academic records i.e. progress monitoring, State Tests, etc.)

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

STUDENT'S ATTENDANCE RECORD: (Please submit data for the past 180 day)

Days Enrolled _____ Days Absent _____ Number of Tardies _____

Number of Unexcused Absences _____

FREE AND REDUCED LUNCH FORM (FORM PROVIDED AT INTAKE)

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

SERVICES TO BE PROVIDED: (Mark all that apply)

Major Service Requested

- Optional Education - Edgenuity
- Truancy Services

Non-Academic Services

- Court-Related Services
- Day Care Service
- Referral for Social/Academic Services

Career Related

- Career Service
- Work Experience

Academic Services

- Academic Instruction
- Academic Counseling
- GED Instruction
- Tutoring
- Credit Recovery Program

Home Visits

- Life Skills Training
- Mentoring
- Parenting Classes for Students
- Personal Counseling
- Transportation
- School Visits
- Support Services for Family

Other Services

- Truancy Review Board
 - Parent Contact
 - Phone Calls
 - Other Services
- (Describe) _____

OBJECTIVES & TIMELINES TO MEET OBJECTIVES

- Increase Attendance to 90% _____ Earn Course Credit _____
- Gain in Achievement Level _____ Credit Recovery _____
- Promote to Next Grade (7-11) _____ Graduate (High School) _____

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))
