

PROJECT SOAR REFERRAL FORM

EMAIL THE COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO:

Tammy Caldwell: tcaldwell@roe30.org

DATE: _____

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

STUDENT INFORMATION _____ High School _____ Junior High Student

Student Name _____
Last name First name Middle Initial

SIS# _____ Gender _____ Ethnicity _____ DOB _____ Grade _____

Student Address _____

PARENT INFORMATION

Parent Name _____ 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 **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: _____

SEL/BEHAVIOR INFORMATION:

SPECIFIC BEHAVIOR(S): _____

INTERVENTIONS ATTEMPTED: _____

MENTAL HEALTH SERVICES PROVIDED: _____

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 _____

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

GOALS TO ACHIEVE FOR RETURN TO HOME SCHOOL: _____

PROJECTED DATE OF RETURN: _____

SERVICES TO BE PROVIDED: (Mark all that apply)

Major Service Requested Non-Academic Services Career Related ☐ Optional Education - Edgenuity

☐ Court-Related Services ☐ Career Service ☐ Truancy Services ☐ Day Care Service ☐ Work

Experience ☐ Referral for Social/Academic Services

Academic Services ☐ Home Visits **Other Services** ☐ Academic Instruction ☐ Life Skills Training
☐ Truancy Review Board ☐ Academic Counseling ☐ Mentoring ☐ Parent Contact ☐ GED Instruction
☐ Parenting Classes for Students ☐ Phone Calls ☐ Tutoring ☐ Personal Counseling ☐ Other Services
☐ Credit Recovery Program ☐ Transportation (Describe)_____ ☐ School Visits

☐ Support Services for Family _____

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))

**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.