



ROE #45 Student Services Referral

 Truant

 Chronic Truant

 Transfer/Withdrawal

 Dropout

STUDENT INFORMATION

Date	Name	Grade	School	Referred by	
SIS Number	Date of Birth	Age	Ethnicity	Gender	Lives with
Parent/Guardian Name		Complete Address		Phone Number	
Is in special education? <input type="checkbox"/> Yes <input type="checkbox"/> No			Receives free or reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No			DCFS has been contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ATTENDANCE INFORMATION

<p><u>Previous 180 School Days</u></p> <p>Number of excused absences _____</p> <p>Number of unexcused absences _____</p> <p>Number of absences due to suspensions _____</p> <p>Total ENROLLED days _____</p>	<p><u>Current School Year</u></p> <p>Number of excused absences _____</p> <p>Number of unexcused absences _____</p> <p>Total ENROLLED days _____</p> <p>Date of Enrollment _____</p>
---	---

SCHOOL-BASED INTERVENTIONS **(**BE AS DETAILED AS POSSIBLE**)**

Please list in detail the actions and interventions taken by the school to address this issue with the student and parents/guardians. For each please specify date, nature of the contact/intervention (call home, school staffing, case study evaluation, etc.) and discussed supports and outcomes. Detailed student log/case notes can be provided in lieu of individually listing these on this form.

<u>Date</u>	<u>Nature of Contact/Intervention</u>	<u>Notes</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Student: has withdrawn to homeschool has not returned to school while currently enrolled
 has officially dropped (completed drop-out paperwork)

Alternate Student Contact(s)

Name/Relationship	Complete Address	Phone Number
_____	_____	_____
Name/Relationship	Complete Address	Phone Number
_____	_____	_____

****PLEASE ATTACH CURRENT STUDENT TRANSCRIPT / REPORT CARD****