



# LINCOLN SCHOOL

A Program of the Will Regional Office of Education  
960 Royce Ave Joliet IL 60432 Phone: (815) 774-8900 Fax (815) 722-3352

## TAOEP REFERRAL

Please fill this form out electronically. Handwritten forms may not be accepted.

Student \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ SIS # \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name(s) Relationship to Student \_\_\_\_\_

\_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Home School: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Has student ever been determined eligible for special education? YES\_\_\_ NO\_\_\_

Has student ever been determined eligible for ELL services? YES\_\_\_ NO\_\_\_

Has this student ever received ELL Services? YES\_\_\_ NO\_\_\_ Previously (Dates) \_\_\_\_\_

Does student have an IEP? YES\_\_\_ NO\_\_\_ Does student have 504? YES\_\_\_ NO\_\_\_

Does Student have RTI Plan? YES\_\_\_ NO\_\_\_ If yes, attach current IEP/504 /RTI Plan

Free or reduced lunch? YES\_\_\_ NO\_\_\_ Expected Return Date: \_\_\_\_\_

### **Reason for Referral:**

\_\_\_\_ Chronic Truant/Truant (truant 5% or more of preceding reporting period)

\_\_\_\_ Potential Dropout with Attendance Problems

\_\_\_\_ Recovered Dropout

Days in Reporting Period \_\_\_\_ Days Absent \_\_\_\_ Days Tardy \_\_\_\_

### **Required Baseline Data for Current School Year:**

Last Date of Attendance: \_\_\_\_\_

Excused Absences \_\_\_\_ Unexcused Absences \_\_\_\_ Number of Referrals \_\_\_\_

Student attended \_\_\_\_ days of \_\_\_\_ possible attendance days Number of Suspensions \_\_\_\_

Has student been referred to Will County Truancy(not a requirement for acceptance) YES\_\_\_ NO\_\_\_

**REQUIRED ATTACHMENTS TO PROCESS THE REFERRAL: (1) Individual Learning Plan (I.L.P.), (2) Transcript, (3) Attendance Data, (4) Discipline Record, (5) Documentation of Academic, Behavior and Attendance Interventions, (6) Current Schedule & Grades, (7) Credit Audit Checklist, (8) Standardized Test Scores (State and School), (9) Truancy Intervention Checklist, (10) Parent Consent Form**

### **GED:**

\_\_\_\_ Has permission to pursue GED prep courses

\_\_\_\_ Is at least 17 years old

\_\_\_\_ Is at least 1 year credit deficient