



SAVE PROGRAM

Student Referral Form

Student Name: _____ Home School: _____

Address: _____ City: _____ Zip: _____

Student Cell Phone: _____

Current Age: _____ Birth date: _____ Sex: M F Ethnic Origin: _____

Eligible for: Free Reduced Lunch Program SIS #: _____

Guardian: _____ Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Guardian: _____ Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

What is the preferred method of communication: _____

Does the parent/guardian support the student's enrollment into the SAVE Program? YES NO

Grade by Credits Earned: 9 10 11 12

Credit's earned to date: _____ Remaining credit's needed for graduation: _____

If a Senior, Expected graduation date: _____

***Please send credit check list & most current testing information on student. (MAP/AIMS WEB ETC)**

Counselor/Registrar notes or comments: _____

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Background Information:

1. Is this student enrolled and attending classes at this time? Yes No
If no, check the reason: Suspended Expelled Not completed registration
Other: _____

2. Is this student currently on probation or under court supervision? Yes No
If yes, name of **probation officer**: _____

3. Does this student have any pending charges/court dates? Yes No
If yes, list known dates: _____

4. Has the student received **special services** in any capacity to date? Yes No
If yes, attach a copy of IEP or 504 Plan and explain: _____

5. Is this student involved with any **social service agency** at this time? Yes No
If yes, list and explain: _____

PART IV

Please attach a copy of the student’s transcript, student information form, transfer grades and other relative data to pertinent to this referral. Incomplete forms will not be accepted.

This information in the above application is accurate and complete and the terms outlining the conditions of the administrative transfer in regards to student placement and the terms defining the criteria for student re-admittance to the Home School are understood by all parties.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(School Administrator Signature and Title)

(Date)

(Additional School Administrator Signature & Title, ex. Special Ed Director)

(Date)



Student Success Plan
Student Profile

Academic

Behavioral

School Reported Strengths:

Major concerns:

Current Status of Educational Support Services:

1. Social Work Services: _____

Plan for continued services if appropriate: _____

2. 504/Special Education (IEP included) _____

Plan for continued services if appropriate: _____

3. Juvenile Justice: _____

Plan for continued services if appropriate: _____

4. DCFS: _____

Plan for continued services if appropriate: _____

5. Current Medications: _____

6. Probation/Pending court/Charges _____

Plan for continued services if appropriate: _____

7. Community Mental Health: _____

Plan for continued services if appropriate: _____

8. Any additional services: _____