



**Alternative Education Referral Form**  
Regional Office of Education # 47  
1001 W 23 Street, Sterling, IL 61081  
(815) 625-1495

<b>Office Use:</b>
Date Received: _____
Date Reviewed: _____
Assigned Staff: _____

Date: \_\_\_\_\_ Name of person(s) making referral: \_\_\_\_\_

Student: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ SIS #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Anticipated Date of Graduation (HS Only): \_\_\_\_\_

Number of Credits Needed: \_\_\_\_ Subject(s) student enjoys/excels in: \_\_\_\_\_

Grade Student Should Be In: \_\_\_\_ Credits Already Obtained (HS Only): \_\_\_\_\_

Does not perform well in: \_\_\_\_\_

**Suggested Alternative Education Classroom:**

' Center for Change (Regional Safe School Program)

Center for Change (Options Program)

FLEX (Grades 9-12)

School Case Manager and Phone Number (appropriate social worker, guidance, etc.): \_\_\_\_\_

Other community agency workers (if applicable, DCF, probation, etc.): \_\_\_\_\_

Check if applicable:  Special Education  504  EL (Translator needed Yes  No ) Language: \_\_\_\_\_

**Please attach the following information. Check off to ensure this information is included:**

Discipline Summary

Attendance Summary

Grades Summary

Current Schedule

Transcript

Current IEP and most recent evaluation or 504 Plan if applicable.

**Records that must be forwarded after placement:**

Health

Cumulative

Confidential

**Reason for referral (be specific – why does this student require this intervention?):**

**Describe student strengths, likes, and interests (what does the student do well in?):**

**Describe interventions that have been implemented (attach 6 weeks of data if possible):**

**Describe parent/guardian involvement in implementing interventions (has parent missed any meetings?):**

**Has the parent/guardian been notified of this referral: Yes  No**

Please forward the complete referral packet electronically (via email) to:  
Mark Morris, Principal  
Regional Center for Change  
[mmorris@roe47.org](mailto:mmorris@roe47.org)