

**STUDENT FULL REFERRAL FORM TO ROE 47 TAP**

EMAIL: mhopp@roe47.org

SCHOOL \_\_\_\_\_ SCHOOL PHONE NO. \_\_\_\_\_ COUNTY \_\_\_\_\_

STUDENT \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ Student Identity # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX: M F GRADE \_\_\_\_\_

Primary Language Spoken in Household: \_\_\_\_\_

Has the Student been identified as homeless? \_\_\_\_\_

|                             |        |        |          |       |
|-----------------------------|--------|--------|----------|-------|
| WHO HAS CUSTODY OF STUDENT? | FATHER | MOTHER | GUARDIAN | OTHER |
|-----------------------------|--------|--------|----------|-------|

FATHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S EMPLOYER: NAME \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S EMPLOYER: NAME \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GUARDIAN'S EMPLOYER: NAME \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

|   |
|---|
| <b>REFERRAL ELIGIBILITY OF STUDENT: CHECK ONE</b><br><b>TRUANT</b> ___ (unexcused absences of last 180 days/5 days)<br><b>CHRONIC TRUANT</b> _____ (unexcused absences of 5% or more of last 180 days/9 days) |
|---|

|  |
|--|
| <b>THE FOLLOWING MUST BE COMPLETED OR THE REFERRAL FORM WILL BE RETURNED:</b><br>ENROLLMENT DATE _____ Current School Year _____<br><small>USE THIS FORMULA TO REPORT STUDENT'S PERCENTAGE OF ATTENDANCE FOR THE SCHOOL YEAR</small><br>Days present _____ divided by Days enrolled _____ Equals Attendance Percentage _____ %<br>THE NUMBER OF UNEXCUSED ABSENCES IS _____<br>THE NUMBER OF EXCUSED ABSENCES IS _____ |
|--|

**ATTACH COPIES OF THE FOLLOWING:**  
SCHOOL NOTIFICATION LETTERS TO PARENT/GUARDIAN  
COPY OF MOST RECENT ATTENDANCE RECORD  
COPY OF TRANSCRIPT/REPORT CARD  
CLASS/DAILY SCHEDULE  
PERTINENT INFORMATION FROM SCHOOL NURSE REGARDING ABSENCES

Administering Office:  
Regional Office of Education #47  
Robert Sondgeroth, Regional Superintendent  
Phone: 815-625-1495

STUDENT NAME: \_\_\_\_\_

| NUMBER OF DAYS REPORTED ABSENT EACH SCHOOL YEAR: |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|
| Grade  | EA's  | UA's  | Grade | EA's  | UA's  |
| K  | _____ | _____ | 5     | _____ | _____ |
| 1  | _____ | _____ | 6     | _____ | _____ |
| 2  | _____ | _____ | 7     | _____ | _____ |
| 3  | _____ | _____ | 8     | _____ | _____ |
| 4  | _____ | _____ | 9     | _____ | _____ |

REPEATED GRADE (S) \_\_\_\_\_

SCHOOL SERVICES: DO ANY OF THESE APPLY? (If yes, please explain)

Special Education \_\_\_\_\_

Physical handicap \_\_\_\_\_

Recent death in family \_\_\_\_\_

New to district \_\_\_\_\_

Suspected substance abuse \_\_\_\_\_

Frequent change of schools \_\_\_\_\_

Recent divorce in family \_\_\_\_\_

Probation \_\_\_\_\_

DOCUMENTATION OF SERVICES PROVIDED BY SCHOOL PRIOR TO REFERRAL.

PLEASE INCLUDE DATES AND ATTACH ANY WRITTEN DOCUMENTATION TO THE TRUANCY REFERRAL FORM.

\_\_\_\_\_ Parent conferences \_\_\_\_\_

\_\_\_\_\_ Phone contacts \_\_\_\_\_

\_\_\_\_\_ Tutoring \_\_\_\_\_

\_\_\_\_\_ Medical Verification \_\_\_\_\_

\_\_\_\_\_ Attendance incentives \_\_\_\_\_

\_\_\_\_\_ Out of school counseling referral \_\_\_\_\_

\_\_\_\_\_ Social worker \_\_\_\_\_

\_\_\_\_\_ Letter contacts \_\_\_\_\_

\_\_\_\_\_ Schedule change \_\_\_\_\_

\_\_\_\_\_ Shorten schedule \_\_\_\_\_

\_\_\_\_\_ Homebound instruction \_\_\_\_\_

\_\_\_\_\_ DCFS hotline referral \_\_\_\_\_

\_\_\_\_\_ Alternative School/RSSP referral \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

COMMENTS REGARDING ATTITUDE OF STUDENT AND/OR PARENT and ADDITIONAL INFORMATION WHICH MAY HELP US WITH THIS CASE:

NOTE: School personnel must have made parent/guardian contact regarding student's attendance within the month prior to referral to ROE 47 TAP.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_