

Regional Office of Education #47 – TAP Services Department  
**REMOTE LEARNING ASSISTANCE REFERRAL**  
Lee/Ogle/Whiteside Counties  
EMAIL: mhopp@roe47.org

Date of Referral: \_\_\_\_\_ Homeless: Y N Lives w/ \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_ SIS # \_\_\_\_\_

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

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

STUDENT EMAIL \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

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

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

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

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

**School Interventions – MINIMUM OF 5 Please check all boxes that apply:**

- Emails \_\_\_\_\_  Phone Calls \_\_\_\_\_  Letters \_\_\_\_\_ (Attach Copy)  
 Home Visits \_\_\_\_\_  Other \_\_\_\_\_

# Unexcused Days of E-Learning: \_\_\_\_\_ # Excused Days of E-Learning: \_\_\_\_\_

# Possible attendance days: \_\_\_\_\_ Credits/Classes Earned at Time of Referral: \_\_\_\_\_

**PLEASE ATTACH WITH REFERRAL:**

- Attendance/Daily Monitoring  
 Parent Letter  
 Teacher and Counselor Information for E-Learning linkage

**Teacher Name/Email/Phone REQUIRED:**

\_\_\_\_\_  
\_\_\_\_\_

**Counselor Name/Email/Phone REQUIRED:**

\_\_\_\_\_  
\_\_\_\_\_

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