



LINCOLN HIGH SCHOOL

Alternative Learning Opportunities Program
A Program of the Will Regional Office of Education

960 Royce Ave Joliet IL 60432 Phone: (815) 774-8900 Fax (815) 722-3352

ALOP REFERRAL

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___

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(s) for Referral:

GED ___ Credit Recovery ___ Truancy ___ Potential Dropout ___

Other ___ Explain Other: _____

Required Baseline Data for Current School Year:

Last Date of Attendance: _____ Required Community Service Hours _____

Excused Absences _____ Unexcused Absences _____ Number of Referrals _____

Student attended _____ days of _____ possible attendance days Number of Suspensions _____

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) Notice and Consent Form

Comments:

