



LINCOLN MIDDLE SCHOOL

Regional Safe School Program
A Program of the Will Regional Office of Education

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

SAFE SCHOOL REFERRAL

Student _____ Home Phone (____) _____

Grade _____ Birth Date _____ SIS # _____

Home Address: Street _____ City _____ Zip _____

Parent/Guardian Name(s)

_____ 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:** _____

Is the student required to take a Constitution Test while at Lincoln? Yes No If yes, which? U.S. IL

Reason for Referral:

_____ Multiple suspensions; list reasons for suspensions: _____

_____ Eligible for expulsion/In lieu of expulsion*; list reason: _____

**Students who attend the RSSP cannot be expelled outright from the district: he/she cannot have an expelled status. The student must maintain RCDTS Home School enrollment within the district and have his/her Serving School enrollment changed to 56-000-0000-00-9301, as determined within SIS.*

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) Transcript, (2) Attendance Data, (3) Current Schedule & Grades, (4) Standardized Test Scores, (5) Discipline Record, (6) Documentation of Academic, Behavior and Attendance Interventions, (7) Copy of Expulsion Letter (if applicable)

Comments:

