

LINCOLN SCHOOL

A Program of the Will Regional Office of Education 960 Royce Ave Joliet IL 60432 Phone: (815) 774-8900 Fax (815) 722-3352

TAOEP REFERRAL

Please fill this form out electronically. Handwritten forms may not be accepted.

Student		Home Phone (_)
	SIS #		
Home Address: Street		City	Zip
	Relationship to Student		
	Cell # ()	Work # ()	
	Cell # ()	Work # ()	
	Address:		
	Title:		
Fax:	E-Mail:		
Has student ever been deter Has this student ever receiv Does student have an IEP? Does Student have RTI Plan	rmined eligible for special edurmined eligible for ELL servicered ELL Services? YESNO YESNO Does stude ? YESNO If yes, atta SNO Expected F	es? YES NO Previously (Dates) ent have 504? YES NO_ ch current IEP/504 /RTI F	
Reason for Referral:			
Chronic Truant/Trua	ant (truant 5% or more of pred	eding reporting period)	
Potential Dropout with Attendance Problems			
Recovered Dropout			
•	Days Absent Da	ays Tardy	
Required Baseline Data for	or Current School Year:		
Last Date of Attendance:			
Excused Absences U		Number of	Referrals
Student attendeddays	of possible attendance da		•
Has student been referred t	o Will County Truancy(not a r	equirement for acceptance	e) YESNO
Transcript, (3) Attendance D Attendance Interventions, (6	TO PROCESS THE REFERRAL: (Data, (4) Discipline Record, (5) (6) Current Schedule & Grades, (6), (9) Truancy Intervention Ch	Documentation of Academ (7) Credit Audit Checklist,	ic, Behavior and (8)Standardized
Comments:			