



LINCOLN HIGH SCHOOL

Truants Alternative and Optional Education Program
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

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:** _____

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

Reason for Referral:

_____ Chronic Truant/Truant (truant 5% or more of preceding reporting period)

_____ Potential Dropout with Attendance Problems

_____ Recovered Dropout

Days in Reporting Period _____ Days Absent _____ Days Tardy/Partially Truant _____

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) Truancy Intervention Checklist, (10) Parent Consent Form

Comments:

