



# Regional Office of Education #21

Franklin-Johnson-Massac-Williamson Counties

## Lorie LeQuatte

Regional Superintendent of Schools

www.roe21.org



### **STARQUEST REGIONAL SAFE SCHOOL PROGRAM REFERRAL FORM**

Email completed form with supporting documentation (discipline documentation, transcripts, standardized assessment results, and attendance records) to:

Eddy Henriksen

[ehenriksen@roe21.org](mailto:ehenriksen@roe21.org)

Date of Referral: \_\_\_\_\_

#### **Student Being Referred:**

Student ID# (from SIS): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Ethnicity: \_\_\_\_\_ Grade: \_\_\_\_\_

#### **Parent Information:**

Parent's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Student Address: \_\_\_\_\_

#### **Basis of Referral (must be disciplinary-based):**

- Expulsion (Must provide supporting paperwork & timeframe)\*
- Multiple Suspensions                       •Excessive Discipline
- Other (Please list): \_\_\_\_\_  •N/A

\*Eligible for expulsion (Stay of Expulsion):

Please submit all documentation including acts of gross misconduct and/or disobedience which threatened the safety of other students, faculty, staff, or the school community.

Total Suspensions: \_\_\_\_\_

Total # of days suspended: \_\_\_\_\_

#### **Other Services:**

Special Education Identified:  •Yes  •No

504 Plan Identified:  •Yes  •No

Other Services Identified: \_\_\_\_\_

**Franklin Co. Office**  
901 Public Square  
Benton, IL 62812  
618-438-9711

**Johnson Co. Office**  
111 South 5th Street - P.O. Box 96  
Vienna, IL 62995  
618-658-3381

**Massac Co. Office**  
1102 West 10th Street  
Metropolis, IL 62960  
618-524-3736

**Williamson Co. Office**  
407 North Monroe Street - Suite 300  
Marion, IL 62959  
618-998-1283



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**Academic Data:**

Current Credits Earned: \_\_\_\_\_

**Interventions:**

RtI: \_\_\_\_\_ Other: \_\_\_\_\_

**Test Scores:**

Benchmark: \_\_\_\_\_ Progress Monitoring: \_\_\_\_\_ State Test: \_\_\_\_\_

**Health Records (If Applicable):**

Medical Referrals: \_\_\_\_\_ Other: \_\_\_\_\_

**Attendance Prior to Referral Date:**

Total Days Enrolled: \_\_\_\_\_ Total Days Absent: \_\_\_\_\_ Total Days Excused: \_\_\_\_\_

Total Days Attended: \_\_\_\_\_ Total Days Un-excused: \_\_\_\_\_

Has the student been referred to Truancy? •Yes •No

**District Information:**

Home School: \_\_\_\_\_ Address: \_\_\_\_\_

Referral Made By: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide a brief explanation of why you feel an alternative setting will meet the needs of the student identified above:

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