



Regional Office of Education #21

Franklin-Johnson-Massac-Williamson Counties

Lorie LeQuatte

Regional Superintendent of Schools

www.roe21.org



PROJECT ECHO REFERRAL FORM

Email completed form with supporting documentation to:

Eddy Henriksen

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:

- Bullying • Chronic Truant • Court/Law mandated participation • Credit Deficient
- Expulsion (Must provide supporting paperwork & timeframe)* • Failing Grades • Harassment
- High Absenteeism • History of Retention • Insubordination
- Physical/Emotional health problems • Poor Academic Performance • Potential Dropout
- Social/Emotional Issues • Tardiness • Truant • Vandalism
- 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, staff, faculty, or the school community.

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: _____

Discipline Data:

Total Days Suspended: _____

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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