

STARQUEST REGIONAL SAFE SCHOOL PROGRAM REFERRAL FORM

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

Cortney Hale
chale@roe21.org

Date of Referral: _____

Student Being Referred:

Student ID# (from SIS): _____ Birth Date: _____ Gender: _____

Name: _____, _____, _____
(Last Name) (First Name) (Middle Name)

Ethnicity: _____ Grade: _____

Mailing Address: _____

Parent Information:

Parent's Name: _____ Place of Work: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

Email 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: _____



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: