

JR. HIGH SAVE PROGRAM

Student Referral Form

Student Name: _____ Home School: _____
Address: _____ City: _____ Zip: _____
Current Age: _____ Birth date: _____ Sex: M F Ethnic Origin: _____
Eligible for Lunch Program: Free Reduced SIS #: _____
Guardian: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____
Guardian: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____

Does the parent/guardian support the student's enrollment into the SAVE Program? YES NO

Grade by Credits Earned: 7 8
Expected graduation date: _____ Counselor/Registrar signature: _____

Counselor/Registrar notes or comments: _____

Background Information:

1. Is this student enrolled at this time? Yes No
If No, check the reason: Suspended Expelled
Other: _____
3. Does this student have a current behavioral modification plan? Yes No
If Yes, please attach
4. Is this student currently on probation or under court supervision? Yes No
If Yes, name of **probation officer**: _____
5. Has the student received **special services** in any capacity to date? Yes No
If yes, attach a copy of IEP or 504 Plan and explain: _____
6. Is this student involved with any **social service agency** at this time? Yes No
If yes, list and explain: _____

PART II

1. Student is being referred to the SAVE program because of:
Gang Activity Weapon Arson Assault/Battery
Sexual Assault Alcohol Bomb Threat Vandalism Drugs
Other: _____ Multiple Suspensions (reason and length): _____

2. Student will begin his/her enrollment in the SAVE program:
As soon as possible Beginning of next quarter Beginning of next semester

3. This student may be considered to return to the Home School or the alternative School program after demonstrating success in the SAVE program. If successful, this student may be considered to return to the Home School or Alternative School:

The beginning of the fall semester, _____
(year)

The beginning of the spring semester _____
(year)

Other: _____

4. This student must attain the following goals to be considered for re-enrollment in the Home School or the Alternative School:

Attendance: Must attend school on a regular basis following the guidelines as outlined in the SAVE Handbook.

Additional Attendance Goals: _____

Academic Performance: Must successfully complete all required work and projects assigned and receive a passing grade in all classes:

Additional Academic goals: _____

Behavior: Must consistently follow all rules and behavior expectations as outlined in the SAVE Handbook. Student may not be involved in any behavior resulting in a suspension within the last eight weeks of the student's attendance in the SAVE program. The student must also not receive any Done Days during the last four weeks of attendance in the program and must attain and remain on Level Pro I, (the highest level of the program:).

Additional Behavior Goals: _____

PART III

1. If the student does not comply with rules and expectations of the SAVE program, he/she will:

Will be dropped from the SAVE program and return to the Home School

Return to the Home School for special services

Receive tutoring off-campus by the Home School

Other: _____

PART IV

Please attach a copy of the student's transcript, student information form, transfer grades and other relative data to pertinent to this referral. Incomplete forms will not be accepted.

This information in the above application is accurate and complete and the terms outlining the conditions of the administrative transfer in regards to student placement and the terms defining the criteria for student re-admittance to the Home School are understood by all parties.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(School Administrator Signature and Title)

(Date)

(Additional School Administrator Signature & Title, ex. Special Ed Director)

(Date)

Student Success Plan – Part V

Student Profile

Academic

Behavioral

School Reported Strengths:

_____	_____
_____	_____
_____	_____

Major concerns:

_____	_____
_____	_____
_____	_____

Current Status of Educational Support Services:

1. Social Work Services: _____

2. Special Education (IEP included) _____

Plan for continued services if appropriate: _____

3. Juvenile Justice: _____

Plan for continued services if appropriate: _____

4. DCFS: _____

Plan for continued services if appropriate: _____

5. Current Medications: _____

Plan for continued services if appropriate: _____

6. Probation: _____

Plan for continued services if appropriate: _____

7. Community Mental Health: _____

Plan for continued services if appropriate: _____

8. Any additional services: _____