

**STUDENT REFERRAL FORM  
CENTER FOR EDUCATIONAL OPPORTUNITIES (CEO)**

**EDUCATIONAL THERAPY CENTER (ETC)  
REGIONAL SAFE SCHOOL PROGRAM (RSSP)  
201 Staunton Road  
Troy, Illinois 62294  
(618) 667-0633  
(618) 667-0670 (fax)**

**Please include a Student Transfer Form (ISBE Form 33-78 9/05) for RSSP students only.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Referring School: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Title: \_\_\_\_\_

Recommended Program: (check one)    ETC    RSSP    Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_     M     F

SIS# (9-digits): \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Background Information**

Has this student been recommended for Special Services?    Yes \_\_\_\_\_    No \_\_\_\_\_  
If yes, attach a copy of IEP or 504 Plan.

Is this student involved with any social services agency?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Is this student currently on probation or under court supervision?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please name probation officer. \_\_\_\_\_

Is this student receiving any medications at school?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please indicate. \_\_\_\_\_

Is this student enrolled and attending classes at this time?    Yes \_\_\_\_\_    No \_\_\_\_\_

If no, check the reason and attach supporting data:    Expulsion - Eligible    PA 97-0495 Expelled and Administratively Transferred  
   Suspension - Eligible    PA 97-0495 Suspended and Administratively Transferred

Grade by Credits Earned: (check one)    6    7    8    9    10    11    12

High School Credits Earned to Date: \_\_\_\_\_ Credits needed for graduation: \_\_\_\_\_

If a senior, expected graduation date: \_\_\_\_\_

Counselor/Registrar notes or comments: \_\_\_\_\_  
\_\_\_\_\_

## Checklist

Instructions: Place a checkmark by the factors that your or other staff members in your building have identified in the student's life.

Factors	Yes	Comment
Bomb Threat		
Bullying		
Fighting		
History of suspensions, if yes include data		
Low achievement scores and is behind academically		
Poor adult interaction skills		
Poor attendance, if yes include data		
Poor hygiene/unhealthy appearance		
Poor peer interaction skills		
Pregnancy or teen parent		
Self injury		
Stealing		
Substance abuse (drugs, alcohol, tobacco)		
Suicidal ideations or tendencies		
Vandalism		
Victim of peer harassment		
Weapon		
Other:		

Family Background and History: \_\_\_\_\_

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Strengths and Skills: \_\_\_\_\_

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Additional Information: \_\_\_\_\_

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**Grades/Credits**  
***This is necessary for ETC/RSSP enrollment.***

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

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

PRINT name of person completing this report: \_\_\_\_\_

This report must be completed and submitted as part of the Student Referral packet.

This report covers the time period between the first day of the current semester Date: \_\_\_\_\_  
and the student's withdrawal date from classes. Date: \_\_\_\_\_

Please list the courses in which the student is/was enrolled for the current semester or attach transcript. Then list the letter grades and grade percentages the student is/was earning in each of the courses from the first day of this semester until the withdrawal date.

Passed Constitution test?  Illinois  United States  Not Applicable

Does the student need to take the PARCC test?  Yes  No

<u>Department</u>	<u>Complete Course Title</u>	<u>Grades/Percentages</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature/Title of Person Completing Report

\_\_\_\_\_  
Date

Incomplete referral packets will not be processed.  
Please return the completed form NO LATER than one week before the date of the intake staffing.  
In case of an emergency situation, please fax forms.

## Eligibility Criteria for the Educational Therapy Center (ETC)

ETC is a non-public special education program supported by home school district tuition. Below is the information specifying the criteria for an appropriate referral to the Educational Therapy Center program.

In order to process this referral, please indicate that the student is eligible by checking the appropriate box (es) below. Students who meet two or more of the following criteria may be eligible for services:

- Age 11 through 21 this current school year, AND
- Learning Disabilities eligibility (LD).
- Social Emotional Disorder eligibility (SED).
- Other Health Impairment eligibility (OHI). Please specify: \_\_\_\_\_

## Eligibility Criteria for the Regional Safe School Program (RSSP)

RSSP is a Safe School Program funded by the State of Illinois. Below is the citation from the Illinois School Code specifying the criteria for an appropriate referral to a Safe School Program.

Illinois School Code 5/13A-2.5 Definition of "Disruptive Student"

"Disruptive Student" includes suspension or expulsion eligible students in any of grades 6 through 12. Suspension or expulsion eligible students are those students that have been found to be eligible for suspension or expulsion through the discipline process established by a school district.

In order to process this referral, please indicate that the student is eligible by checking the appropriate box (es) below. Students who meet two or more of the following criteria may be eligible for services:

- Enrolled in grades 6 through 12 during this current school year, AND
- Suspended at least twice for "gross misconduct."
- Arrested by the police or remanded to juvenile or criminal courts for acts related to school activities.
- Eligible for disciplinary reassignment pursuant to violation of school district "zero tolerance" policies.
- Involved in "gross misconduct" that can be characterized as serious, repetitive, or cumulative.
- Returning from juvenile detention facility.
- Expelled or has a pending expulsion hearing.

"Gross misconduct" is defined as:

- Use of or possession with intent to use a weapon or gun.
- Sale and/or possession of illegal substances.
- Physical assault of a staff member.
- Chronic fighting, assault, or physical violence.
- Arson.
- Theft or destruction of property at the school, staff, or other students.
- Sexual harassment, harassment, and/or hazing.
- Gang related activity.
- Insubordination posing imminent danger to the health, safety, and welfare of students and staff.
- Repeated and willful behavior of:
  - Flagrant or persistent disrespect, verbal assault and/or verbal threats, and/or deliberate attempts to intimidate faculty, staff, sponsors, or students.
  - Flagrant or persistent disregard for the rules and regulations of the home school.

**Students chronically truant from school and not exhibiting any of the above stated characteristics of "gross misconduct" are NOT eligible for services.**

**ILLINOIS STATE BOARD OF EDUCATION**  
 Public School and Recognition Division  
 100 West Randolph Street, Suite 14-300  
 Chicago, Illinois 60601

<b>STUDENT IDENTIFICATION NUMBER</b> (9-digits)								

**STUDENT TRANSFER FORM**

In accordance with Section 2-3.13a of the School Code, all public school districts are to provide this form to any student who is moving out of the school district to verify whether or not the student is "in good standing" and, whether or not their medical records are up-to-date and complete as defined in Section 2-3.13a. "In good standing" means that the student is not being disciplined by an out-of-school suspension or expulsion, and is entitled to attend classes, as of the date of this form. No public school district is required to admit a new student unless they can produce this form from the student's previous Illinois public school district. **This form is not to be returned to the Illinois State Board of Education. It is to be sent directly to the student's new school they will be attending.**

NAME OF STUDENT (Last, First, Middle)	BIRTHDATE (Month, Day, Year)	GENDER	GRADE LEVEL
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

ADDRESS OF STUDENT (Street, City, State, Zip Code)

NAME OF PARENT OR GUARDIAN	PARENT/GUARDIAN TELEPHONE (Include Area Code)
	Home <span style="float:right">Work</span>

ADDRESS OF PARENT OR GUARDIAN (Street, City, State, Zip Code)

DISTRICT NAME AND NUMBER TRANSFERRING TO	NEW DISTRICT ADDRESS (Street, City, State, Zip Code)
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NAME OF SCHOOL STUDENT WILL BE TRANSFERRING TO	NAME OF PRINCIPAL AT NEW SCHOOL
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**Please check (✓) the appropriate box.**

- I hereby attest that the above student is "in good standing" and that all medical records for the above student are up-to-date and complete as of the date of this form.
- The above student's medical records are **not** up-to-date and complete as documented in the student's permanent records.
- I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from \_\_\_\_\_ until \_\_\_\_\_; but is entitled to transfer in accordance with Section 2-3.13a (105 ILCS 5/2-3.13a), unless the receiving district has, pursuant to Section 2-3.13a, adopted a policy providing that if a student is suspended or expelled for any reason from any public or private school in this or any other state, the student must complete the entire term of the suspension or expulsion before being admitted into the school district. This policy may allow placement of the student in an alternative school program established under Article 13A of this Code, if available, for the remainder of the suspension or expulsion.
- I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from \_\_\_\_\_ until \_\_\_\_\_ and is **not** eligible for transfer for knowingly possessing in a school building or on school grounds a weapon as defined in the Gun Free Schools Act (20 U.S.C. 8921 et seq.); for knowingly possessing, selling, or delivering in a school building or on school grounds a controlled substance or cannabis; or for battering a staff member of the school.

NAME OF PRINCIPAL	SCHOOL PHONE (Include Area Code)	COUNTY
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DISTRICT NAME AND NUMBER	DISTRICT ADDRESS (Street, City, State, Zip Code)
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\_\_\_\_\_ Date \_\_\_\_\_ Signature of Principal