



***Excellence through Community, Education & Leadership***

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**STUDENT REFERRAL COVER SHEET**

**DEMOGRAPHICS**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ SIS#: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Has the student ever been retained?  No  Yes – When: \_\_\_\_\_

**REASON FOR REFERRAL/AREAS OF CONCERN**

- Administrative Transfer/ IEP Change of Placement
- Other

Principal Signature \_\_\_\_\_ Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPECIAL ED RECOMMENDATIONS (IF APPLICABLE)**

Not related to disability  A  AFS Related to disability  MDR Date \_\_\_\_\_

- Student remains in home school
- Reconvene IEP team to determine appropriate placement \_\_\_\_\_
- Consideration for expulsion, but provide opportunity to hold expulsion in abeyance; IEP team will meet
- Consideration for expulsion; IEP team will meet

EXCEL Principal \_\_\_\_\_ Date \_\_\_\_\_

Special Ed. Director \_\_\_\_\_ Date \_\_\_\_\_