

***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 ⁭ 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