

***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