



# REGIONAL OFFICE OF EDUCATION

*Champion our community.*

Fulton • Hancock • McDonough • Schuyler

THIS FORM TO BE COMPLETED BY SCHOOL STAFF

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Regional Superintendent of Schools

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## TO BE COMPLETED BY HOME DISTRICT 2023-2024

To best meet the student's needs, we ask for complete transparency.  
Each referral will be evaluated and considered on a case-by-case basis.

PROGRAM REFERRAL (select one/see below) SAFE SCHOOL \_\_\_\_\_ ACADEMY \_\_\_\_\_  
STUDENT NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Ethnicity \_\_\_\_\_ ISBE/SID (9-digit) \_\_\_\_\_  
Student preferred name \_\_\_\_\_ Student preferred pronouns \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent and Student Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Student lives with (circle) Both parents Mother Father Other \_\_\_\_\_  
Name of Parent (s) /Guardian(s) \_\_\_\_\_ Parent Email Address: \_\_\_\_\_  
Address if different from above \_\_\_\_\_

REASON FOR PLACEMENT: *Select Academy OR Safe School and at least one primary indicator and as many others, as applicable.*

### ACADEMY (Grades 9-12)

Primary  
\_\_\_\_ Chronic Truant  
\_\_\_\_ Dropout  
\_\_\_\_ Credit Deficient  
\_\_\_\_ Potential Dropout with truancy issues  
\_\_\_\_ Uninvolved, unmotivated or disaffected with traditional setting  
Secondary  
\_\_\_\_ Student moved mid-semester  
\_\_\_\_ Difficulty with Traditional School Setting  
\_\_\_\_ Peer Interaction  
\_\_\_\_ Administration Interaction  
\_\_\_\_ Pregnant/Teen Parent  
\_\_\_\_ High Failure Rate  
\_\_\_\_ Credit Deficient  
\_\_\_\_ Physical/Emotional Health Issues  
\_\_\_\_ Other (Explain on reverse side)

### SAFE SCHOOL (Grades 6-12)

Primary  
\_\_\_\_ Expulsion Eligible  
\_\_\_\_ Suspension Eligible  
Secondary  
\_\_\_\_ Peer Interaction  
\_\_\_\_ Weapons  
\_\_\_\_ Fighting  
\_\_\_\_ Failure to Follow School Rules  
\_\_\_\_ Drugs  
\_\_\_\_ Theft  
\_\_\_\_ Insubordination  
\_\_\_\_ Administration Interaction  
\_\_\_\_ Other (Explain on reverse side)

**Safe School/ Date of return to home district and other details:** \_\_\_\_\_

Explain placement more fully including dates for suspension or expulsion: \_\_\_\_\_

Student Academic Background (include attendance, attitude, behavior): \_\_\_\_\_

Student's grade level equivalent scores: Math level: \_\_\_\_\_ Reading level: \_\_\_\_\_ Other info: \_\_\_\_\_

*High School students are required to read at 8+grade level. Middle School students are required to read at 5+grade level.*

Is this student chronically truant? What steps have been taken? Has the student been referred to ROE26 Project Stay-In? Etc. \_\_\_\_\_

List any social agencies which the student has contact: \_\_\_\_\_

Indicate the level of parental support that can be expected: \_\_\_\_\_

**OTHER IMPORTANT INFORMATION: (Include mental, emotional, anger issues, bullying or being bullied, problems with students and staff, drug use, etc. Please attach if more space is needed.)**

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

Who (staff) does this student have a good relationship with at your school? Please explain.  
\_\_\_\_\_

Does the student currently have a restraining order? Known problems with another student(s)? Please explain.  
\_\_\_\_\_

TYPE OF ENROLLMENT ANTICIPATED: \_\_\_\_\_ Traditional \_\_\_\_\_ Remote \_\_\_\_\_ Hybrid If Remote or hybrid please explain and provide documentation. \_\_\_\_\_

Number of credits required by district for graduation: \_\_\_\_\_

Number of credits student has earned toward graduation: \_\_\_\_\_ Number of credits still needed: \_\_\_\_\_

School District \_\_\_\_\_ Signature/District Authorization: \_\_\_\_\_ Date \_\_\_\_\_

Please include these attachments and this page with the referral. Mark NA if not applicable.

ATTACHMENTS:

- \_\_\_\_\_ Transcripts
- \_\_\_\_\_ Credits Needed Form
- \_\_\_\_\_ Reading and Math Assessment Information (If not available, student may be required to take the TABE)
- \_\_\_\_\_ Detailed Discipline Record (Not an Incident Report, but details of behaviors. Could include, but not limited to, copies of office referrals and suspension/expulsion paperwork. Describe behaviors in detail.)
- \_\_\_\_\_ Health Record
- \_\_\_\_\_ Mental Health Record
- \_\_\_\_\_ Hospitalization Record
- \_\_\_\_\_ Homebound Record
- \_\_\_\_\_ Student Behavioral Threat Assessment\*
- \_\_\_\_\_ Illinois Clear and Present Danger Form
- \_\_\_\_\_ Additional information that helps provide transparency

ROYALS Office Use: \_\_\_\_\_ Safe School Evaluation/Documentation\*\* (Typical to come at a later date.)

**\* If the student is referred to ROYALS because they have made/have been a threat to school safety, then the school must include their Student Behavioral Threat Assessment of this student.**

**\*\*The family will be asked to seek written documentation from a physician or clinician indicating that the student is safe/fit to attend school without risk of harming self or others. This will be requested by ROYALS after the referral has been submitted.**