

Administrator's Referral Form (LONG-Term Program)

Procedure: 1.) Fax referral form and current transcript to Deb Ruhe at (419-523-6126)
2.) Student completes questionnaire
3.) Screening/Intake will be arranged. (8:00 a.m. Mon.-Fri., or Monday afternoons. Parent invited by principal.)

Name of Student Date of Birth Social Security Number Grade

Home School IEP: ____ yes ____ no
If yes: ____CD____SLD____ED____OHI____OTHER

Total Credits earned at time of referral (High School only): _____

Number of **unexcused absences** this year: _____

Number of times **tardy** this year: _____

Please mark the reason(s) for placement at the Putnam County Alternative Opportunity Center.

- 1. _____ Disruptive Behavior Describe: _____
- 2. _____ Suspended from School Describe: _____
- 3. _____ Alternative to Suspension Describe: _____
- 4. _____ Expelled from School Describe: _____
- 5. _____ Alternative to Expulsion Describe: _____
- 6. _____ Delinquency Describe: _____
- 7. _____ Truancy Describe: _____
- 8. _____ Other Describe: _____

Additional Comments: _____

Please state how you feel this student can benefit from attending The Putnam County Alternative Opportunity Center:

Has this student been previously suspended or expelled? _____ Yes _____ No

If "Yes", Please state the reason(s): _____

Principal's Signature

Date

FOR OFFICE USE ONLY
Start Date _____
End Date _____