SAVE Referral
(to be completed by a special education teacher)

Student ________________________________________________________ Date ________________

DISTRICT INFORMATION

High School _____________________________________________________________________________________

IEP Teacher __________________________ Email __________________________________

Name of District Administrator
Approving Referral: ___________________________________________ Date ________________

Is the student open enrolled from another school district? _____ Yes ______ No ______

If yes, which district? ___________________________________________________________________________

If yes, name of District Administrator
Approving Referral: ___________________________________________ Date ________________

ATTENDANCE & ACADEMIC HISTORY

Total Absences: Senior Year ______ as of _______ Junior Year _______ Sophomore Year ______
Current Cumulative GPA: ___________
Explanation of Excessive Absences or Tardiness:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

VOCATIONAL REHABILITATION

Does the student have a file with Vocational Rehabilitation? Yes ______ No ______

IEP INFORMATION

Reevaluation Date: ________________ Consultant: ______________________________________________

Areas of Need:
Math ______ Reading Comprehension _______ Written Expression _______ Other (explain below) _______

Transition Needs:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Accommodations: Please list all accommodations student is currently using:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
Student Transportation:
The sponsoring district will provide transportation in the following manner:
______ School Bus or Van
______ Mileage Reimbursement
______ ILCC Campus Housing
______ Other

Assistive Technology needs: (please specify):
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

REFERRAL APPROVAL

I certify that my answers are true and complete to the best of my knowledge

Teacher Signature: ________________________________ Date: ______________

Administration Signature: ________________________________ Date: ______________