

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: _____