

PATHWAYS TO THE FUTURE REFERRAL FORM

THIS IS TO CERTIFY THAT _____ A STUDENT AT
_____ HIGH SCHOOL IS BEING RECOMMENDED FOR ENROLLMENT
IN LAKE LAND COLLEGE'S ALTERNATIVE EDUCATION PROGRAM, **PATHWAYS TO THE FUTURE.**

BASIS FOR REFERRAL:

___ LOW ATTENDANCE ___ LOW GRADE POINT AVERAGE OR ACHIEVEMENT
___ CREDIT DEFICIENCIES ___ DROPPED OUT OF HIGH SCHOOL ___ PARENTHOOD
OTHER _____

STUDENT DATA:

NAME: _____ PHONE # _____

SIS# _____ CREDITS NEEDED TO GRADUATE _____

ADDRESS: _____

E-MAIL ADDRESS _____ DATE OF REFERRAL ___/___/___ D.O.B. ___/___/___

DROP DATE _____

THIS YEAR - STUDENT HAS ATTENDED _____ DAYS OUT OF _____ TOTAL DAYS

DOES THE STUDENT HAVE AN IEP? ___ YES ___ NO

HAS THE STUDENT EVER RECEIVED SPECIAL ED SERVICES? ___ YES ___ NO, IF YES,

WHEN _____

DATE STUDENT'S HIGH SCHOOL CLASS GRADUATED OR WILL GRADUATE _____

****HIGH SCHOOL CLASS IS DEFINED AS THE CLASS THAT ENTERED HIGH SCHOOL AT THE SAME TIME AS THIS STUDENT.**

COMMENTS _____

Principal or Counselor Signature

I GIVE PERMISSION TO _____ HIGH SCHOOL TO SEND SCHOOL RECORDS TO:

DIRK MUFFLER
PATHWAYS TO THE FUTURE LAKE LAND COLLEGE
WORKFORCE DEVELOPMENT CENTER
305 RICHMOND AVENUE EAST
MATTOON, IL 61938-4650
(217) 238-8383
fax (217) 235-2228 OR (217) 234-5061

Student's Signature

Parent's Signature (If student is under 18)