

LAKE LAND COLLEGE

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 GPA Low credits
 Considering dropping out of high school Behavior Homelessness
 Family situation Mental health/anxiety Trauma Health
 Pregnancy Other (please explain) _____

Student State ID #: _____ Student Phone: _____

Address, City, Zip Code: _____

Parent/Guardian Name(s): _____ Phone: _____

Date of Referral: ___/___/___ Date of Birth: ___/___/___ Drop Date: ___/___/___

This year, the student has attended _____ days out of _____ total days.

Does the student have an IEP? Yes No

Has the student ever received special education services? Yes No If yes, when? _____

Number of credits needed to graduate: _____

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:

Shannon McGregor
Pathways to the Future Lake Land College
Workforce Development Center
5001 Lake Land Blvd.
Mattoon, IL 61938-4650
Email: smcgregor2@lakelandcollege.edu
Phone/Fax: (217) 238-8383/(217) 234-5061

Student's Signature

Parent/Guardian Signature (if student is under 18)