

Administrator's Referral Form (LONG-Term Program)

Procedure: Fax referral form, current transcript, and schedule to Karen Maag or Deb Ruhe at (419-523-6126)

_____	_____	_____
Name of Student	Date of Birth	Grade
_____	IEP: ____ yes ____ no	
Home School	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