

# 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)

_____	_____	_____
<b>Name of Student</b>	<b>Date of Birth</b>	<b>Grade</b>
_____	<b>IEP:</b> ____ yes ____ no	
<b>Home School</b>	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