

School_____

Date_____

STEP Referral Form

ESU #15 Alternative Education Program

This page is to be filled out by the school counselor or administration

Name of Potential Student_____

Current Grade Level _____
Birth_____

Student's Date of

Parent/Guardian Name_____

Mailing Address_____ City, State, Zip Code_____

Phone Numbers_____ Person making referral_____

1. Is, or has this student ever been, in a special education program? Yes No
If yes, explain_____

2. Is this student at risk of dropping out of school? Yes
No

3. Does this student have a desire to earn a high school diploma? Yes No

4. Has this student been suspended/expelled in the last year? Yes No
If yes, why?_____

Evaluate the student at the time of referral. Write one number for each behavior.

0=Never 1=Seldom 2=Sometimes 3=Usually 4=Always

____ Displays courteous behavior towards others

____ Cooperates with others

____ Appearance is neat and clean

____ Does what he/she is told without being told more than once

____ Uses appropriate language

____ Displays a positive attitude

____ Accepts constructive criticism

____ Respects the property of others

1. Academic Referral

- Areas of difficulty
- Alternative strategies tried

2. Academic History (or include transcript)

	Credits Earned	Credits Required	Credits Needed
English			
Social Studies			
Math			
Science			
Electives			

Total Credits Earned _____

How many total credits are required to graduate from the student's school? _____

3. Schools and Other Institutions Attended

4. Please include a printout of attendance records

Please include any other information that is relevant to this referral below:
