

**School District 145 – LIFE Program  
REFERRAL FORM**

Full Name: \_\_\_\_\_

Current grade level: \_\_\_\_\_

Person making referral: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

1. Is this student in the special education program? Yes / No

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. Does this student have special circumstances which require  
alternative education? Yes / No

If yes, what are the circumstances? \_\_\_\_\_  
\_\_\_\_\_

5. Has this student been suspended in the last year? Yes / No

If yes, what were the reasons? \_\_\_\_\_  
\_\_\_\_\_

6. Has this student been expelled? Yes / No

If yes, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

7. In your opinion, can this student succeed in an alternative education setting? Yes / No

Please list any other information that is relevant to this referral being made.

\_\_\_\_\_  
Signature of person making referral

\_\_\_\_\_  
Date