

# 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 GRADE POINT AVERAGE OR ACHIEVEMENT  
☐ CREDIT DEFICIENCIES      ☐ DROPPED OUT OF HIGH SCHOOL      ☐ PARENTHOOD

OTHER \_\_\_\_\_

## STUDENT DATA:

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

SIS# \_\_\_\_\_ CREDITS NEEDED TO GRADUATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ DATE OF REFERRAL \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

DROP DATE \_\_\_\_\_

THIS YEAR - STUDENT HAS ATTENDED \_\_\_\_\_ DAYS OUT OF \_\_\_\_\_ TOTAL DAYS

DOES THE STUDENT HAVE AN IEP? \_\_\_\_YES \_\_\_\_NO

HAS THE STUDENT EVER RECEIVED SPECIAL ED SERVICES? \_\_\_\_YES \_\_\_\_NO, IF YES,

WHEN \_\_\_\_\_

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:

DIRK MUFFLER  
PATHWAYS TO THE FUTURE LAKE LAND COLLEGE  
WORKFORCE DEVELOPMENT CENTER  
305 RICHMOND AVENUE EAST  
MATTOON, IL 61938-4650  
(217) 238-8383  
fax (217) 235-2228 OR (217) 234-5061

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature (If student is under 18)