

# 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:

CHRIS STROHL  
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)