

STEP Referral

(to be completed by the special education teacher)

STUDENT INFORMATION	
Name:	Birthdate:
Address:	
Email:	Phone:
Parent/Guardian:	Phone:

DISTRICT INFORMATION	
High School:	
IEP Teacher:	
Is student open enrolled from another school district? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, which district?	
If YES, Name of District Representative Approving Referral:	Date:

ATTENDANCE & ACADEMIC HISTORY	
Total Absences: ___ Senior Year (as of __/__/__) ___ Junior Year ___ Sophomore Year	
Explanation of Excessive Absences or Tardiness:	
Current Cumulative GPA:	

IEP INFORMATION	
Reevaluation Date:	GPAEA Consultant:
Academic areas of need: <input type="checkbox"/> Math <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Written Expression <input type="checkbox"/> Other (explain below)	
Special needs or concerns:	
Transition needs:	

ACCOMMODATIONS	
Please list all accommodations student has used/is using in high school:	

CAREER/VOCATIONAL GOAL

Intended Program of Study:

VOCATIONAL REHABILITATION

Has the student been referred to Vocational Rehabilitation? YES NO

DISTRICT RESPONSIBILITIES

The sponsoring district will provide transportation in the following manner:

- School Bus or Van Mileage Reimbursement
 City Bus Pass SCC Housing and Meals
 Other _____

The sponsoring district will provide a laptop computer: YES NO

The sponsoring district will provide other assistive technology (specify):

REFERRAL APPROVAL

I certify that my answers are true and complete to the best of my knowledge.

Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

DEADLINE FOR APPLICATION

Application must be received in the STEP office by April 15 for the following Southeastern Community College fall semester.

Return to: Southeastern Community College

Sandy Stevenson, STEP Coordinator

1500 West Agency Rd.

West Burlington, IA 52655

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