DuPage Regional Office of EDUCATION
Excellence in Education

DuPage Regional Office of Education Suspension Intervention Program "Rebound"

Referral Form

Student: _____ I.D.#_____ Date: _____

Grade: _____ School: _____ District: _____

DOB: _____ Age: _____ Gender: _____

Suspension Intervention

Reason:

____Disorderly Conduct

____Fighting

____Insubordination

____Threats

____Weapon

_____Drug Violation

_____Harassment

_____Theft

_____Vandalism

_____Other_____
list reason

Total number of days ____Dates of projected placement _____

Include the following:

- ☐ Copy of Student Incident Form
- ☐ Copy of Emergency Contact Form
- ☐ Copy of Health/Medication Form
- ☐ Copy of Free/Reduced Lunch Form, if applicable
- ☐ Academic Instructional Materials
- ☐ Previous Interventions, if applicable
- ☐ Transportation Provider and Contact Info _____
- ☐ Other _____

School Contact: _____Phone: _____ Email: _____

If special education services are required, districts need to supply staff and / or support.
All information **must** be received 24 hours in advance of placement.
"Rebound" contact: Kathy Ekstrand work cell (630)386-6781 or kekstrand@dupageroe.org.