

REGIONAL ALTERNATIVE EDUCATION- LIVINGSTON COUNTY

Student Referral Form

Student Name: _____ Home School: _____
Address: _____ City: _____ Zip: _____
Current Age: _____ Birth date: _____ Sex: M F Ethnic Origin: _____
Eligible for lunch program: Free Reduced SIS #: _____
Guardian: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____
Guardian: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____

Does the parent/guardian support the student's enrollment into the Alternative School Program? YES NO

Grade by Credits Earned: 9 10 11 12
Credit's earned to date: _____ Credit's needed for graduation: _____
If a senior, Expected graduation date: _____ Counselor/Registrar signature: _____
Counselor/Registrar notes or comments: _____

Background Information:

1. Is this student enrolled and attending classes at this time? Yes No
If No, check the reason: Suspended Expelled Not completed registration
Other: _____
2. Is this student currently on probation or under court supervision? Yes No
If Yes, name of **probation officer**: _____
3. Has the student received **special services** in any capacity to date? Yes No
If yes, attach a copy of IEP or 504 Plan and explain: _____
4. Is this student involved with any **social service agency** at this time? Yes No
If yes, list and explain: _____

PART II

1. Student is being referred to the Alternative Education program because of:
Truancy Student Choice
Discipline Problems Explain specifics: _____

Cannot attend school during the day due to personal conflicts:
Please check reason: employment family responsibilities other: _____

2. Student will begin his/her enrollment in the Alternative School program:
As soon as possible Beginning of next quarter Beginning of next semester

3. This student is enrolling in the Alternative School program with the intent:

To complete the remaining courses required for graduation from the Home School. Anticipated graduation date _____

To return to the Home School after demonstrating success in the Alternative School program. If successful, this student may be considered to return to the Home School:

The beginning of the fall semester _____ The beginning of the Spring semester _____
(year) (year)

Other _____

4. This student must attain the following goals to be considered for re-enrollment in the Home School:

Attendance: Must attend school on a regular basis following the guidelines as outlined in the Alternative School Handbook.

Additional Attendance Goals _____

Academic Performance: Must be passing all classes enrolled in with a C or better.

Additional Academic goals _____

Behavior: Must follow all the rules and behavior expectations as outlined in the Alternative School Handbook and not be involved in any behavior resulting in a suspension from school within the last 6 weeks of the student's attendance in the Alternative School program.

Additional Behavior Goals _____

Additional goals or expectations _____

PART III

1. If the student does not comply with rules and expectations of the Alternative School program, he/she will:

Expel him/herself from the Home School

Will be dropped from Alternative Education program and the Home School for the remainder of the current school year

Return to the Home School for special services

Receive tutoring off-campus by the Home School

Other _____

PART IV

Please attach a copy of the student's transcript, student information form, transfer grades and other relative data to pertinent to this referral. Incomplete forms will not be accepted.

This information in the above application is accurate and complete and the terms outlining the conditions of the administrative transfer in regards to student placement and the terms defining the criteria for student re-admittance to the Home School are understood by all parties.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(School Administrator Signature and Title)

(Date)

Student Success Plan – Part V

Student Profile

Academic

Behavioral

School Reported
Strengths:

_____	_____
_____	_____
_____	_____

Major concerns:

_____	_____
_____	_____
_____	_____

Current Status of Educational Support Services:

1. Social Work Services: _____

2. Special Education (IEP included) _____

Plan for continued services if appropriate: _____

3. Juvenile Justice: _____

Plan for continued services if appropriate: _____

4. DCFS: _____

Plan for continued services if appropriate: _____

5. Current Medications: _____

Plan for continued services if appropriate: _____

6. Probation: _____

Plan for continued services if appropriate: _____

7. Community Mental Health: _____

Plan for continued services if appropriate: _____

8. Any additional services: _____