



REGIONAL ALTERNATIVE EDUCATION

Student Referral Form

Student Name: _____ Home School: _____

Address: _____ City: _____ Zip: _____

Student Cell Phone: _____

Current Age: _____ Birth date: _____ Sex: M F Ethnic Origin: _____

Eligible for: Free Reduced Lunch Program SIS #: _____

Guardian: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Guardian: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

What is the preferred method of communication: _____

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: _____ Remaining credit's needed for graduation: _____

If a Senior, Expected graduation date: _____

***Please send credit check list & most current testing information on student. (MAP/AIMS WEB ETC)**

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. Does this student have any pending charges/court dates? Yes No

If yes, list known dates: _____

4. 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: _____

5. 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 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
Student Profile

Academic

Behavioral

School Reported Strengths:

Major concerns:

Current Status of Educational Support Services:

1. Social Work Services: _____

Plan for continued services if appropriate: _____

2. 504/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: _____

6. Probation/Pending court/Charges _____

Plan for continued services if appropriate: _____

7. Community Mental Health: _____

Plan for continued services if appropriate: _____

8. Any additional services: _____