

Warren County Schools
Alternative Learning Program
at
Hawkins Education Center

Application for

Student's Name _____

School _____

Date Submitted _____

Warren County Alternative Learning Program Data/Placement Information

To be completed by the Assistance Team or IEP Team

(All areas must be completed.)

Student Name _____

Parent's/Guardian(s) Name _____

Address _____ Telephone (H) _____ (W) _____

Date of Referral _____ Referring School _____

Date of Birth _____ Grade _____ Race Gender _____ Age _____

Students ID/Lunch # _____

Parent/Guardian Contact(s)/Conference(s):

Parent Contact	Contacted By	Date	School Conference	Notice/Letter	Phone Call	Home Visit	Certified Mail	Other

Parent Conference To Discuss Referral Was Held On _____

(Required: Written documentation giving date, names of persons attending, conference summary and statement of parent's views on Alternative Placement)

Supportive Data – Provide data for each reason checked.

(Please include supporting data in the order that it is listed on this form)

- 1. ___ High Absenteeism – Use SIMS Information for present year and previous year.
If student has exceeded 10 days of unexcused absences, has the student been referred to the School Social Worker? ___ Yes ___ No

- 2. ___ Low Motivation – Check all that apply.
 - a. ___ Does not complete class work
 - b. ___ Does not complete homework
 - c. ___ Does careless work
 - d. ___ Daydreams
 - e. ___ Does not participate in activities
 - f. ___ Characteristics of substance abuse
 - g. ___ Does not exhibit positive attitude about school
 - h. ___ Does not prepare for test(s)
 - i. ___ Other

Comments: _____

- 3. ___ Over-age for Grade: List grade(s) in which student was retained. _____
Reason(s) for retention: _____

 - 4. ___ Underachievement: Provide the most current Academic Information
 - a. Copy of current or latest report card
 - b. End of Grade: Reading ___ Open-ended ___
Math ___ Computer Skills ___
Writing ___
 - c. End of Course: English I ___ English II ___
ELPS ___ U.S. History ___
Algebra I ___ Geometry ___
Physical Science ___ Biology ___
 - d. Competency Test: Reading Level ___ Math Level ___
 - e. Dropout Record (if applicable): Last grade completed ___ Date student left school _____
Reason(s) student dropped out of school _____
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-

5. ___ Health Problems – Specify: _____
List attending physician or psychologist: _____
Note hospitalization if any: _____
Is a prescription drug prescribed? (Y or N) If yes, what: _____

6. ___ Court Involvement:

	<u>Incident 1</u>	<u>Incident 2</u>
a.	Why _____	Why _____
	When _____	When _____
	Where _____	Where _____
b.	Does the student have a probation officer or court counselor?	
	Name _____	Phone _____
	Address _____	

Academic Interventions – Explain in some detail the strategies used with this student.

1. Modified Instruction

2. Special Instruction Equipment

3. Change of Schedule//Curriculum/Courses

4. Change of Teacher(s)

5. Peer Tutoring, After School Tutorial, etc.

6. Other(s) - Specify

Behavior Interventions:

1. Was a Behavioral Intervention Plan developed for this student at least 4 weeks prior to the referral? ____ Yes ____ No (If no, explain; If yes, attach)

2. In-School Suspension -Number of Referrals (attach supporting data)

3. Out-of-School Suspensions - Number of Days (attach supporting data) _____
4. Other Interventions _____

Referral Interventions

_____ 1. School/System Referrals (specify) _____

Results _____

_____ 2. Community Referrals (specify) _____

Results _____

_____ 3. Private Agency Referrals (specify) _____

Results _____

_____ 4. Other (Identify) _____

Results _____

E. List measurable, attainable goals that the student should meet prior to re-entry to the referring school.

Academic Goals (at least 2):

1. _____

2. _____

Behavioral Goals (at least 2)

1. _____

2. _____

F. Exceptional Children Program

Has the student ever been referred for exceptional children's program consideration?

_____ Yes _____ No If yes, when? _____

Has the student ever had psychological testing?

_____ Yes _____ No If yes, when? _____

Is the student placed in the Exceptional Children's Program? ___ Yes ___ No

If yes, program type and service delivery (*LD self-contained*) _____

Has the student's placement been reviewed by the IEP Team prior to this referral?

_____ Yes _____ No If no, refer to the school IEP Team.



How will a change in setting benefit this student? _____



The Team has reviewed the information and recommends referral to the Alternative Learning Program for this student.

Committee Signatures/IEP Team Signatures

Principal _____ Date _____

Guidance Counselor _____ Date _____

Member _____ Date _____

Member _____ Date _____

Member _____ Date _____

Member _____ Date _____

*Parent _____ Date _____

*Student _____ Date _____

**Parent and student signatures may be obtained after the meeting, but indicate that they are aware of the referral and agree to the placement, if approved.*

***Send application to the Alternative Learning Program Coordinator at the Central Office.
This application will be returned if all areas are not addressed.***

**WARREN COUNTY ALTERNATIVE LEARNING PROGRAM
NOTIFICATION FORM**

Student's Name: _____ Grade: _____
School: _____

_____ **APPLICATION**

The Alternative Learning Program Committee has reviewed the application and recommends the following:

1. Acceptance of this student for the Alternative Learning Program
2. Student to continue at _____ School.
3. Other _____

Signatures:

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Second Chance Representative: _____ Date: _____

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_____ **DISCIPLINE PLACEMENT**

The above named student is being placed at the Alternative Learning Program in lieu of a long-term suspension.

_____ **TRANSFER PLACEMENT**

The above named student transferred from an alternative placement or institution prior to entering Warren County Schools and is being placed at the Alternative Learning Program.

_____ **ADMINISTRATIVE PLACEMENT**

The superintendent (or designee) is administratively placing the student named above at the Alternative Learning Program.

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SUPERINTENDENT'S REVIEW

Approved _____

Disapproved _____

Superintendent's/Designee's Signature

Date

- C: Principal
- Alternative Learning Program Coordinator
- Alternative Learning Program Site Coordinator
- Parent