

## Alternative Education Referral Form

Student Name \_\_\_\_\_

School District \_\_\_\_\_

1. **Current status:** drop out, currently enrolled, identified as at-risk, etc.

\_\_\_\_\_

2. **Attendance:** last month, semester, year; any trend?

\_\_\_\_\_

\_\_\_\_\_

3. **Classroom performance:** Is this student failing or near failing any courses? Has the student failed any required courses? Is the student on track to graduate with his/her class?

\_\_\_\_\_

\_\_\_\_\_

4. **Special needs:**

\_\_\_\_ Special Ed (Resource Room, LD, BD, MD) *Please include a copy of the IEP.*

\_\_\_\_ Gifted & Talented

\_\_\_\_ 504 Plan

5. **Discipline record:** detentions, in-school suspensions, out-of-school suspensions

\_\_\_\_\_

\_\_\_\_\_

6. **Other criteria to consider:**

\_\_\_\_ pregnant or has a child

\_\_\_\_ living outside the home

\_\_\_\_ age

\_\_\_\_ ability to work independently

\_\_\_\_ other: \_\_\_\_\_

7. How do you think the alternative high school will benefit this student?

\_\_\_\_\_

\_\_\_\_\_

COUNSELOR: \_\_\_\_\_

DATE: \_\_\_\_\_