

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

___ age

___ living outside the home

___ ability to work independently

___ other: _____

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

COUNSELOR: _____

DATE: _____