Monongalia County Schools/Consideration for Alternative Education

Student Complete Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit completed form to: \_\_ High School: Alternative Learning Principal \_\_\_ Middle School: Alternative Learning Principal \_\_\_Elementary School: Special Education Director

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| Current Date: | DOB: Age: | WVEIS # |
| Parent/Guardian: | Grade: | Medicaid: |
| Phone Numbers/Name |  |  |
| Address: | | |

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| --- | --- | --- |
| Description of Problem Behaviors/Violations: | Summary of Interventions/Action Steps Taken Thus Far: | Accommodations/Modifications Implemented Prior to Placement Decisions: |
| Outside agencies involved with name of service providers (e.g., probation, DHHR, etc): |
| \_\_\_Student has multiple and repeated discipline violations that have been resistant to interventions, accommodations, and modifications.  (Documentation must be attached.) | \_\_\_Multiple SAT/IEP meetings to address concerns. ***Copies Attached*.**  \_\_\_Interventions implemented have addressed  \_\_\_\_Academics only \_\_\_\_Social Skills  \_\_\_\_Emotional Concerns \_\_\_\_Other  Explain:  \_\_\_Student has a behavior intervention plan **Copy attached**.  \_\_\_Student has a functional behavior assessment that was completed or updated in the last year. Date:\_\_\_\_\_\_\_\_  \_\_\_Student has a crisis intervention plan. Date:\_\_\_\_\_\_\_  **Copy attached** | To be completed by Special Education Director and Alternative Learning Principal  \_\_\_Student requires additional school interventions.  \_\_\_Student may be considered for alternative placement.  \_\_\_ Student is being placed by Safe and Supportive Schools Committee. **Letter attached.**  \_\_\_Student is recommended for referral to an outside agency. Please contact: |

Signature of Administrator recommending this placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Packet includes:**

**Discipline Report \_\_\_\_\_ Attendance Report\_\_\_\_\_ Grades \_\_\_\_\_ Transcript (high school only)\_\_\_\_\_**

**Credit Check (high school only)\_\_\_\_\_ Behavior Plan \_\_\_\_\_ Relevant IEPs/SATs \_\_\_\_\_ Crisis Plan\_\_\_\_\_**  **Part I**

**\_\_\_\_\_Alternative Education Team/IEP Committee &/or SAT (see signatures below) have reviewed attached referral packet (must be attached) and agree student is eligible for alternative education placement and the following plan:**

**Monongalia County Alternative Education Placement Plan**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternative Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Academic Components (Courses): Proposed Alternative Education Schedule:  \_\_Is consistent with CORE curriculum \_\_ Is appropriate for student’s developmental level \_\_Provides individualized instruction \_\_Is functionally appropriate and of high interest |
| Behavior Component:  Modification/Accommodations:  Setting: Person(s) Responsible: |
| Immediate Plans and Criteria for Reentry into the Regular Education Program. (Specific academic goals and/or behavior goals and timeline.) |
| \*Proposed Progress Review Date (within 45 days of placement):  Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Individuals to be invited:  Notes: |

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Ed Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies to: Home School Counselor/Admin/SAT, Alternative School Representative, Central Office, Other \_\_\_\_\_\_\_\_\_\_

**Part II**

Consideration for Alternative Education Placement form and Alternative Education Plan must be attached.

**Monongalia County**

**Alternative Education Placement Plan Review/Transition**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Progress on Reentry Criteria Goals:  Review Summary/Comments:  \_\_\_\_Student will return full-time to regular school placement. \_\_\_Student will have a hybrid alternative and regular education placement:  \_\_\_\_Student will remain in current alternative placement. Explain:  \_\_\_\_Student will move to another alternative placement program.  Explain: \_\_\_\_Other (Explain):  \_\_\_\_Student will be placed on administrative homebound.  Explain: | |
| Transition Plan- Accommodations/Modifications/Supports that will be provided to student in home school | Settings/Person(s) Responsible and Timeline |

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Ed Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies to: Home School Counselor/Admin/SAT, Alternative School Representative, Central Office, Other \_\_\_\_\_\_\_\_\_\_ **Part III**