the EXCEL CENTER. 1	d be started at a SAT or IEP meeting This checklist will help the SAT and II ive placement. ALL documentation	EP team in gathering docι	· · · · · · · · · · · · · · · · · · ·
Referral Receive	ed:	I	Reviewed:
ADMINIST	TRATORS AND COORDIN	ATORS CHECKLI CEMENT	ST FOR ALTERNATIVE
	ing monitored by SAT or has an IEF have been attempted and proven to		ndemics, behaviors, or attendance.
	s an IEP, has self-containment in spe NOT, increase special education se		nt been attempted to remediate area of ng alternative education referral.
	chool's School Psychologist as a resorm. Request updated testing (i.e.,	1 1 0	
information,	Complete the form titled Monongalia County Schools/Consideration for Alternative Education (i.e., identifying information, description of the problem behaviors/violations, summary of interventions, accommodations/modifications implemented prior to placement)		
☐ The followin	g areas MUST be checked with sup	porting documentation att	ached:
acco: Mult Inter Stude beha Resu If stu	ent has multiple and repeated disciple mmodations, and modifications. Tiple SAT/IEP meetings to address conventions implemented, student has a tent has a functional behavior assessition is a concern an FBA must have allts of the FBA have been implemented that an IEP, has self-containmented in a more restrictive environment in tent has a crisis intervention plan. (A	oncerns (documentation behavior intervention planent that was completed to been completed by the Sated for a minimum of 6 wint in special education en an attempt to address pr	must be attached) un or updated within the last year (If AT or IEP team prior to referring) eeks with little change in behavior. vironment been attempted? If NO,
☐ The followin	g areas MUST have supporting doc	umentation and be attache	ed to the Alternative Ed referral form:
☐ Atten ☐ Grade ☐ Trans ☐ Credi ☐ Beha ☐ Relev ☐ Crisis	pline report (i.e., Educator's Handbook) adance Report es – Current (i.e., Edline) scripts (high school only) it Check (high school only) vior Plan (if applicable and behavior is a vant IEPs/SATs s Plan (if applicable) th Care Plan		
	Signature of Reviewer		Date
Outcome of Review:	Student requires additional sStudent is recommended for		-