

**THE LEARNING CENTER
ALTERNATIVE EDUCATION PROGRAM**



ELEMENTARY REFERRAL FORM

Referral Date: _____

Student's Name: _____ **Student ID#:** _____

Home School: _____ **Student MSIS#:** _____

Date of Birth: _____ **Grade:** _____ **SPED: Yes No** **504: Yes No**

Parent/Guardian: _____

Address: _____

Phone Numbers: Home _____ **Work** _____ **Cell** _____

Open case with Outside Counseling Services? Yes__ No__ Therapist _____

Involved with Family/Youth Court? Yes__ No__ Counselor _____

Referring Committee/Placement:

___ **TST Committee Decision (Meeting minutes attached)**

___ **IEP Committee Decision (Meeting minutes attached)**

___ **Superintendent Placement**

Reason for Referral:

___ **Step 5 of Discipline Plan (TST documentation)**

___ **Enrolling from another Alt School / Oakley**

___ **Charged Felony (Arrest report attached)**

___ **Drugs/Weapons (Non-felony)**

Parent/Guardian is aware of pending placement at The Learning Center? Yes__ No__

Parent/Guardian was advised of his/her right to appeal the decision for placement at The Learning Center first to the Superintendent and, if necessary, to the Board for final disposition.

Yes ___ **No** ___

Grades repeated:

() 1 ___ **() 2** ___ **() 3** ___ **() 4** ___ **() 5** ___

STUDENT SCHEDULE:

STUDENT NAME: _____

Please list subjects currently taking with in-progress grades.

SUBJECT	Term 1	Term 2	Sem 1	Term 3	Term 4	Sem 2

Tier Level of Student (if applicable): ___ Tier I ___ Tier II ___ Tier III

Copies of ALL the following information MUST be included:

ALL

- ___ Demographic Sheet
- ___ Attendance Report
- ___ Discipline Report
- ___ District and State Test Scores
- ___ TST Meeting Documentation (Not for SPED)
- ___ Copy of transcript
- ___ Progress Report/Report Card/Grades in Progress
- ___ Current vision and hearing test (Grades 4-6 only)
- ___ TLC Behavioral Intervention Form (3 interventions for grades 4-6)
- ___ Individualized Behavior Plan -- Section A only
- ___ RCC Books

SPED- (including Speech)

- ___ Current IEP
- ___ Behavioral Intervention Plan (BIP)
- ___ Functional Behavioral Assessment (FBA)
- ___ Manifestation Determination

All information is required according to GSD Board Policies IDDBB and IDDBC; MS Statute 37-13-92 and 37-11-54; and MDE Board Policy 901. Therefore, if the above information is incomplete, this referral will be returned to the building administrator.

(Principal's Signature)

(Date)

The Learning Center

Individualized Behavior Plan Checklist

Student: _____

School: _____

NEGATIVE BEHAVIORS (Check all that apply)

Completed by Referring School

- _____ Disrespect toward authority figures (parents, teacher, administration, and staff)
- _____ Prohibited item(s) on school property (weapons, drugs, tobacco products, paraphernalia)
- _____ Habitual violations of rules
- _____ Fighting/Physical Assault/Verbal Assault
- _____ Felony committed off campus but is disruptive to the school
- _____ Leaving class or campus without permission
- _____ Disrespect toward peers
- _____ Disrupts class or school
- _____ OTHER: _____

POSITIVE REPLACEMENT BEHAVIORS (Check all that apply)

Completed by TLC Staff

- _____ Use appropriate verbal and non-verbal communication skills when communicating with authority figures
- _____ Attend school daily, complying with safety rules that prohibit weapons, drugs, tobacco products, paraphernalia
- _____ Comply with established school rules
- _____ Comply with directives given by school staff
- _____ Use problem solving & conflict resolution skills that allow parties to maintain respect and safety of self and others
- _____ Use appropriate verbal and non-verbal communication skills when communicating with peers
- _____ OTHER: _____