

**THE LEARNING CENTER
ALTERNATIVE EDUCATION PROGRAM**



SECONDARY 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:

____ Level D of Discipline Plan (TST documentation)

____ Fight at Secondary School

____ Enrolling from another Alternative School

____ Return from Oakley Training School

____ Charged Felony (Arrest report attached)

____ Drugs/Weapon

____ Safety Net Program

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 to the Superintendent and, if necessary, to the GSD Board of Trustees for final disposition. ____ Yes ____ No

Grades repeated:

() 1 ____ () 2 ____ () 3 ____ () 4 ____ () 5 ____ () 6 ____

() 7 ____ () 8 ____ () 9 ____ () 10 ____ () 11 ____ () 12 ____

STUDENT SCHEDULE:

STUDENT NAME: _____

Please list four subjects a student should take will enrolled at TLC with in-progress grades. Also list any new subjects the student is to begin.

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

TEST	NOT TAKEN		ATTEMPTED		PASSED		RETAKE	
Algebra 1	YES	NO	YES	NO	YES	NO	YES	NO
Biology	YES	NO	YES	NO	YES	NO	YES	NO
English 2	YES	NO	YES	NO	YES	NO	YES	NO
US History	YES	NO	YES	NO	YES	NO	YES	NO
ACT	YES	NO	YES	NO				

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: _____