



## Alvord Unified School District Alternative Education Student Referral

### Part I

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Permanent ID# \_\_\_\_\_

School: ☐ LSHS ☐ NVHS ☐ HHS Counselor: \_\_\_\_\_

Credits: \_\_\_\_\_ GPA: \_\_\_\_\_ Credits Attempted: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Ed: ☐ Yes ☐ No 504: ☐ Yes ☐ No

Special Ed Case Carrier: \_\_\_\_\_

English Learner: ☐ Yes ☐ No CELDT Overall Level: 1 2 3 4 5

IEP Pending: ☐ Yes ☐ No IEP Completed: ☐ Yes ☐ No

Requested Placement: ☐ Alvord Continuation HS ☐ Alvord Alternative Continuation High School  
☐ Independent Studies

#### Documents attached:

☐ Completed Referral Pack ☐ Current IEP ☐ Updated Transcript/s

Administrator Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Send completed form and documentation to Alternative Site/s Main Office as soon as possible.*

#### Alternative Education Site Use Only

• Received by Site: ☐ Alvord Continuation HS ☐ Alvord Alternative Continuation High School

• Site Decision: ☐ Approved ☐ Denied

• Placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Alvord Unified School District Alternative Education Student Referral

### Part II

- Student is being referred to Alternative Education program because of (*check all that apply*):

☐ Attendance Concerns    ☐ Student Choice    ☐ Behavioral Concerns    ☐ Credit Deficient

- Intervention Strategies Attempted:

Dates:

- Counselor/Student conference
- Parent/Guardian conference
- On Campus Suspension
- Modified day schedule
- Referral to Student Study Team
- Suspension
- Referral to outside agencies for assistance
  - Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Part III

- School reported academic strengths: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Major academic/behavior concerns: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Current status of educational support services:

1. Social Work Services: \_\_\_\_\_
2. Juvenile Justice/Probation: \_\_\_\_\_
3. Current Medications: \_\_\_\_\_
4. Any additional services: \_\_\_\_\_



## Alvord Unified School District Alternative Education Student Referral

### Part IV

- *This student must attain the following goals to be considered for re-enrollment in the Home School.*
  - Attendance: Must attend school on a regular basis following guidelines as outlined in the Alternative Education Contract.
  - Academic Performance: Must complete classes and credits as described in the Alternative Education Contract, and must be on track to graduate within a regular period day at the Home school.
  - Behavior: Must follow all rules and behavior expectations as outlined in the Alternative Education Handbook and not be involved in any behavior resulting in a suspension or removal from program.
    - Additional Behavioral Goal/s: \_\_\_\_\_

### PARENT/GUARDIAN / STUDENT REQUEST FORM

**PARENT/GUARDIAN:** *Please write a brief statement for your request to have your student attend Alvord Alternative Continuation High or Alvord High School.*

**PADRE(S)/GUARDIAN:** *Por favor escriba una breve declaración para su solicitud para que su hijo asista a Alvord Centro de Educación Alternativa o Alvord High School.*

---

---

---

---

---

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT:** *Please write a brief statement for your request to attend Alvord Alternative Continuation High or Alvord High School.*

---

---

---

---

---

Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_