

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

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

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):
<p>___ Student has multiple and repeated discipline violations that have been resistant to interventions, accommodations, and modifications. (Documentation must be attached.)</p> <p>___ Student should be considered for emergency entry into an alternative setting: Explain:</p>	<p>___ Multiple SAT/IEP meetings to address concerns. Copies Attached.</p> <p>___ Interventions implemented have addressed</p> <p>___ Academics only ___ Social Skills</p> <p>___ Emotional Concerns ___ Other</p> <p>Explain:</p> <p>___ Student has a behavior intervention plan Copy attached.</p> <p>___ Student has a functional behavior assessment that was completed or updated in the last year. Date: _____</p> <p>___ Student has a crisis intervention plan. Date: _____</p> <p>Copy attached</p>	<p>To be completed by Special Education Director and Alternative Learning Principal</p> <p>___ Student requires additional school interventions.</p> <p>___ Student may be considered for alternative placement.</p> <p>___ Student is being placed by Safe and Supportive Schools Committee. Letter attached.</p> <p>___ Student is recommended for referral to an outside agency. Please contact:</p>

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 _____

____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: _____

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 _____

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: _____

Progress on Reentry Criteria Goals:

Review Summary/Comments:

____ Student will return full-time to regular school placement.

____ Student will remain in current alternative placement.

____ Student will move to another alternative placement program.

____ Explain:

____ Student will be placed on administrative homebound.

____ Explain:

____ Student will have a hybrid alternative and regular education placement:

____ Explain:

____ Other (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