

Form for Referring Students to the Learning Academy

80-01-01
Aug. 2015

School Referral _____

District Referral _____ **Date of Out of County/State Alternative Placement** _____

Duration of Alternative Placement _____

Section A (To be completed by the school)

School: _____ Date: _____

Student: _____ Student ID # _____

Grade: _____ Date of Birth: _____
Month Day Year

Discipline Referrals Prior Year: _____ # Discipline Referrals Two Years Prior: _____

Summary of disciplinary actions/strategies that have been used: _____

Does the student have a 504 Behavior Intervention Plan? _____

Was the student formerly in an ESE program? _____

Section B (To be completed by the Grade Level Director)

Referral _____ Approved _____ Not Approved

Date: _____ Signature: _____

Section C (To be completed by the school after Section B is completed)

Parent notified by: _____ Conference _____ Letter (Date sent: _____)

Information and referral sent to The Learning Academy Director: _____

Section D (To be completed by The Learning Academy Director)

Notification by The Learning Academy Director to school:

Student enrolled _____ Enrollment declined _____