

**2016- 2017 DULUTH AREA LEARNING CENTER REFERRAL FORM**

**Historic Old Central H.S. - Room 126  
215 N. 1st Avenue East - Duluth MIN 55802-2058  
Phone: (218) 336-8756 Fax: (218) 336-8770**

The ALC DIPLOMA PROGRAM is open to youths ages 15 to 20 who meet one or more of the state eligibility guidelines.

**Seat Based Learning** Requires class attendance Monday through Thursday from 8:45 a.m. to 3:30 p.m. Students may also earn elective credit(s) via successful participation in work experience.

**STUDENT INFORMATION:** Name: \_\_\_\_\_  
Last First Middle

Male or Female (circle one) Home Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Ethnicity: Fed \_\_\_\_\_ (2) Am Indian (3) Asian (4) Black/African American (5) Native Hawaiian/Pacific Islander (6) White  
 State \_\_\_\_\_ (1) Am Indian (2) Asian (3) Hispanic (4) Black/African American (5) White

Birthdate \_\_\_\_\_ MARSS# \_\_\_\_\_ Graduation Year (GSY) \_\_\_\_\_  
(for non - I.S.D. 709 students)

School Information - Last School(s) Attended: \_\_\_\_\_

Students not currently enrolled in ISD 709 should attach an updated transcript and a copy of the most recent report card. (For seniors, clearly indicate the class(es)/credit(s), elective and/or required, that need to be completed before a diploma will be issued.)

**Indicators of Need: (Check all that apply)**

<input type="checkbox"/> Performs substantially below the performance level for pupils of the same age in a locally determined achievement test.	<input type="checkbox"/> Is a victim of physical or sexual abuse.
<input type="checkbox"/> Has experienced mental health problems.	<input type="checkbox"/> Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation.
<input type="checkbox"/> Has experienced homelessness sometime within six months before requesting a transfer to an eligible program.	<input type="checkbox"/> Is pregnant or is a parent
<input type="checkbox"/> Speaks English as a second language or has limited English proficiency (LEP).	<input type="checkbox"/> Has been assessed as chemically dependent.
<input type="checkbox"/> Has been excluded or expelled according to sections 121A.40 to 121A.56.	<input type="checkbox"/> Has withdrawn from school or has been chronically truant
<input type="checkbox"/> Has been referred by a school district for enrollment in an eligible program or program pursuant to section 124D.69.	<input type="checkbox"/> Student has met one or more of the above requirements

Student has a 504 Plan:  Yes  No (If "Yes" please attach a copy of the plan.)

Has student received Special Education Services?  Yes  No

Prior to an ALC referral, the ALC Special Education staff and Administrator will be notified of a possible referral and will be part of the referral process by attending a record review meeting (meetings to be held 8 - 8:45 am at student's home school). The meeting will review the most recent assessment and current/past IEP's and interventions utilized. Please contact Adrian Norman at 218-336-8756 ext. 1164.

Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature/Agreement \_\_\_\_\_ Date \_\_\_\_\_

I understand the ALC program requirements. I will work cooperatively with my counselor to develop a Continual Learning Plan (CLP) and promise to put forth full effort to achieve my stated goals. (See CLP Form on the back of this form)

Parent or Guardian/Agreement \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature is require for students under the age of 18. I understand the ALC program requirements. I support the decision of my son/daughter to enroll in the program and expect him/her to work cooperatively with his/her counselor to develop a Continual Learning Plan (CLP) and to put forth full effort to achieve the stated goals. (See CLP Form on back of this form)

**\* Please Note: Counselors are required to complete and sign the CLP on the reverse side of this form.**

**ALC 2016-2017 CONTINUAL LEARNING PLAN**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PARENT/GUARDIAN EMAIL \_\_\_\_\_

STUDENT PHONE (\_\_\_\_\_) \_\_\_\_\_ PARENT/GUARDIAN PHONE (\_\_\_\_\_) \_\_\_\_\_

GRADUATION PLAN \_\_\_\_\_  
(School awarding diploma; anticipated graduation year)

**Indicators of Need: (check all that apply)**

- \_\_\_\_\_ Performs substantially below the performance level for pupils of the same age (testing)
- \_\_\_\_\_ Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation
- \_\_\_\_\_ Is pregnant or a parent
- \_\_\_\_\_ Has been excluded or expelled according to sections (121A.40 to 121A.56)
- \_\_\_\_\_ Has been assessed as chemically dependent
- \_\_\_\_\_ Has been referred by a school district for enrollment in an eligible program (124D.69)
- \_\_\_\_\_ Is a victim of physical or sexual abuse
- \_\_\_\_\_ Has experienced mental health problems
- \_\_\_\_\_ Has experienced homelessness sometime within six months before requesting a transfer to an eligible program
- \_\_\_\_\_ Speaks English as a second language or has limited English proficiency (LEP)
- \_\_\_\_\_ Has withdrawn from school or has been chronically truant
- \_\_\_\_\_ Student has met one or more of the above requirements

MCA \_\_\_\_\_ ACCUPLACER \_\_\_\_\_

ASVAB \_\_\_\_\_ ACT \_\_\_\_\_

**Current Services:**

Special Education (IEP) \_\_\_\_\_

504 \_\_\_\_\_

Habitat \_\_\_\_\_

Families in transition \_\_\_\_\_

**Grad Plan/Notes:**

\_\_\_\_\_  
**Counselor/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_**