

2017- 2018 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 _____ (1) Hispanic/Latino (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.)

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 2017-2018 CONTINUAL LEARNING PLAN

NAME _____ BIRTHDATE _____ GRADE _____

PARENT NAME (PRINTED) _____

ADDRESS _____

STUDENT PHONE NUMBER (_____) _____ PARENT/GUARDIAN PHONE (_____) _____

Indicators of Need: (Check all that apply)

<input type="checkbox"/> Performs substantially below the performance level for pupils of the same age in 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 these criteria.

Current Services:

Special Education (IEP) _____

504 _____

Families in transition _____

Please attach supplemental information about required 504 Plan or IEP learning adaptations and/or modifications.

Goal for current school year: _____

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

STAFF SIGNATURE _____