

# DETROIT LAKES AREA LEARNING CENTER REFERRAL

## 2017-18

Date Received: \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ GRAD YEAR \_\_\_\_\_

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

RESIDENT SCHOOL DISTRICT  Detroit Lakes  Frazee  Lake Park/Audubon  \_\_\_\_\_

OTHER SCHOOL DISTRICT \_\_\_\_\_

REFERRED BY \_\_\_\_\_ RELATION TO LEARNER \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

This student wants to attend an Alternative Program.

This student doesn't want to attend an Alternative Program, but it is the best placement.

Repeat application

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

\_\_\_\_\_ Performs substantially below the performance level for pupils of the same age in a locally determined achievement test.

\_\_\_\_\_ Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation.

\_\_\_\_\_ Is pregnant or is a parent.

\_\_\_\_\_ Has been assessed as chemically abusive and/or dependent.

\_\_\_\_\_ Has been excluded or expelled.

\_\_\_\_\_ Has been referred by Student Assistance Team for enrollment in an eligible alternative program.

\_\_\_\_\_ Is a victim of physical or sexual abuse.

\_\_\_\_\_ Has an assessed mental health condition.

\_\_\_\_\_ Has experienced homelessness sometime within six months before requesting a transfer to an alternative program.

\_\_\_\_\_ Speaks English as a second language or has limited English proficiency (LEP).

\_\_\_\_\_ Has withdrawn from school, has been chronically truant, or has been excessively absent.

\_\_\_\_\_ Has not passed MCA GRAD Test:

\_\_\_\_\_ Math (score)  
\_\_\_\_\_ Reading (score)  
\_\_\_\_\_ Writing (score)

\_\_\_\_\_ Other \_\_\_\_\_

Past and Current Services: (Check all that apply)

\_\_\_\_\_ Special Education (has a case manager)  
(IF YES): IEP in Place? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ 504 Plan

\_\_\_\_\_ Language Services

\_\_\_\_\_ School: Psychologist/Social Worker/Counselor

\_\_\_\_\_ Mental Health Professional

\_\_\_\_\_ Probation Services

\_\_\_\_\_ CD Treatment

\_\_\_\_\_ Completed outpatient treatment program

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\_\_\_\_\_ County Social Services

\_\_\_\_\_ Mental Health Social Worker

\_\_\_\_\_ Child Protection Social Worker

\_\_\_\_\_ CD Social Worker

\_\_\_\_\_ Truancy Social Worker

\_\_\_\_\_ Other: \_\_\_\_\_

**The Alternative Program(s) I believe would best meet the needs of this learner is/are:**

DAY PROGRAM

\_\_\_\_\_ 15 year old (grades 9 & 10)

\_\_\_\_\_ 16 and older (grade 9 - age 21)

\_\_\_\_\_ Pregnant and Parenting Teen (grade 9 - age 21)

\_\_\_\_\_ Chemical Dependency (grade 9 - age 21)

\_\_\_\_\_ Recovery School (grade 9 - age 21)

AFTER SCHOOL PROGRAM (Check one or both that apply)

\_\_\_\_\_ Attend high school or residence during the day and participate in After School Program.

\_\_\_\_\_ Work during the day and participate in After School Program.

INDEPENDENT STUDY PROGRAM

\_\_\_\_\_ Full-time (no seat based requirement)

\_\_\_\_\_ Part-time (1-3 credits) after school

\_\_\_\_\_ Transitions Program

Please supply additional documentation that will support Alternative Program placement (if applicable). If the referred learner is currently receiving services from an out of school agency, please send a copy of completed release form to ISD #22, attention ALC Office, 702 Lake Avenue, Detroit Lakes, MN 56501, so we can seek out additional services and information as needed in our decision making process. Releases are helpful, but not required at this time. Phone: 218-844-5687 Fax: 218-844-6888

Additional Information:

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