

DETROIT LAKES AREA LEARNING CENTER REFERRAL

2018-19

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 a victim of physical or sexual abuse.

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

_____ Has an assessed mental health condition.

_____ Is pregnant or is a parent.

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

_____ Has been assessed as chemically abusive and/or dependent.

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

_____ Has been excluded or expelled.

_____ Has withdrawn from school, has been chronically truant, or has been excessively absent.

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

_____ 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

_____ Completed inpatient treatment program

_____ 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

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:
