

ST. CLOUD AREA LEARNING CENTER SPECIAL ED REFERRAL FORM

Child Study Team: Please complete this form to the extent possible utilizing the input of the student, his/her parent(s), teacher(s) and counselor(s).

Student's Name _____	Date of Birth _____	School _____	Grad Year _____
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This referral is based on issues pertaining to:

Primary Disability _____ Date of last IEP _____

Secondary Disability _____ Date of last assessment _____

ATTENDANCE ISSUE related to:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Family Dynamics | <input type="checkbox"/> Transportation | <input type="checkbox"/> Skipping |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Employment | <input type="checkbox"/> Classes |
| <input type="checkbox"/> Chemical Health | <input type="checkbox"/> Run Away | <input type="checkbox"/> School |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Sleep Disturbance | <input type="checkbox"/> Other _____ |

Comments _____

ACADEMICS whereby he/she

- doesn't actively participate in class(es) Please list _____
- doesn't get along well in class(es) Please list _____
- willing unwilling unable to complete assignments
- cannot keep pace with the class(es) Please list _____
- fails quizzes/tests
- "on track" or behind in credits

Comments _____

PERSONAL CIRCUMSTANCES whereby he/she is:

- pregnant (due date _____)
- a teen parent
- taking prescribed medications
- party to a restraining order (Parties involved _____)
- working in excess of 20 hours per week
- seeking receiving assistance from an outside agency
- _____
- on probation with _____
- scheduled to appear in court (date, if known _____)
- other _____

Comments _____

DISCIPLINE ISSUES – (Please attach discipline report as required by MN, Stat. 120A.22)

Comments _____

ELL ___ Yes ___ No (Please indicate what level) Basic ___ Beginning ___ Intermediate ___ Advanced ___

Comments _____

Please complete this section on all students.

LEARNING ENVIRONMENT/STYLE PREFERENCES

This student:

- _____ benefits from a set schedule/routine
- _____ enjoys group activities/teaming with several classmates
- _____ contributes to class discussions
- _____ can work independently
- _____ needs flexible programming
- _____ wishes to accelerate
- _____ Other

CHILD STUDY RECOMMENDATION (placement will be decided by IEP Team)

_____ Wilson Sr. High _____ PACE _____ PLADO _____ MLAP _____ None

Written Rational _____

_____ Student and/or Parent is requesting an ALC placement. Please explain _____

Final ALC placement decision will be made at the IEP staffing which will include Area Learning Center staff/administrator.

Date contacted St. Cloud School District Sp Ed Supervisor _____

Child Study Chair/Social Worker _____
Signature Date

Administration _____
Signature Date

****Please enclose transcript, IEP, evaluation report, grad letter (exit grades), and discipline reports.**

Initial evaluations and re-evaluations should be complete **prior** to consideration of a referral.