

# JR. HIGH ALTERNATIVE PROGRAM

## Student Referral Form

Student Name: \_\_\_\_\_ Home School: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Current Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M F Ethnic Origin: \_\_\_\_\_  
 Eligible for Lunch Program: Free Reduced SIS #: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Does the parent/guardian support the student's enrollment into the SAVE Program? YES NO**

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Grade by Credits Earned: 7 8  
 Expected graduation date: \_\_\_\_\_ Counselor/Registrar signature: \_\_\_\_\_

Counselor/Registrar notes or comments: \_\_\_\_\_

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**Background Information:**

1. Is this student enrolled at this time? Yes No  
 If No, check the reason: Suspended Expelled  
 Other: \_\_\_\_\_
2. Is this student attending classes at this time? Yes No
3. Does this student have a current behavioral modification plan? Yes No  
 If Yes, please attach
4. Is this student currently on probation or under court supervision? Yes No  
 If Yes, name of **probation officer**: \_\_\_\_\_
5. Has the student received **special services** in any capacity to date? Yes No  
 If yes, attach a copy of IEP or 504 Plan and explain: \_\_\_\_\_
6. Is this student involved with any **social service agency** at this time? Yes No  
 If yes, list and explain: \_\_\_\_\_

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**PART II**

1. Student is being referred to the SAVE program because of:  
 Gang Activity Weapon Arson Assault/Battery  
 Sexual Assault Alcohol Bomb Threat Vandalism Drugs  
 Other: \_\_\_\_\_ Multiple Suspensions (reason and length): \_\_\_\_\_

2. Student will begin his/her enrollment in the SAVE program:  
 As soon as possible Beginning of next quarter Beginning of next semester

**3. This student may be considered to return to the Home School or the alternative School program after demonstrating success in the SAVE program.** If successful, this student may be considered to return to the Home School or Alternative School:

The beginning of the fall semester, \_\_\_\_\_ The beginning of the spring semester \_\_\_\_\_  
(year) (year)

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

4. This student must attain the following goals to be considered for re-enrollment in the Home School or the Alternative School:

Attendance: Must attend school on a regular basis following the guidelines as outlined in the SAVE Handbook.

Additional Attendance Goals: \_\_\_\_\_

Academic Performance: Must successfully complete all required work and projects assigned and receive a passing grade in all classes:

Additional Academic goals: \_\_\_\_\_

Behavior: Must consistently follow all rules and behavior expectations as outlined in the SAVE Handbook. Student may not be involved in any behavior resulting in a suspension within the last eight weeks of the student's attendance in the SAVE program. The student must also not receive any Done Days during the last four weeks of attendance in the program and must attain and remain on Level Pro I, (the highest level of the program:).

Additional Behavior Goals: \_\_\_\_\_

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**PART III**

1. If the student does not comply with rules and expectations of the SAVE program, he/she will:

Will be dropped from the SAVE program and return to the Home School

Return to the Home School for special services

Receive tutoring off-campus by the Home School

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

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**PART IV**

**Please attach a copy of the student's transcript, student information form, transfer grades and other relative data to pertinent to this referral. Incomplete forms will not be accepted.**

This information in the above application is accurate and complete and the terms outlining the conditions of the administrative transfer in regards to student placement and the terms defining the criteria for student re-admittance to the Home School are understood by all parties.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School Administrator Signature and Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Additional School Administrator Signature & Title, ex. Special Ed Director)

\_\_\_\_\_  
(Date)



## Student Success Plan

### Student Profile

**Academic**

**Behavioral**

School Reported Strengths:


Major concerns:


Current Status of Educational Support Services:

1. Social Work Services: \_\_\_\_\_

Plan for continued services if appropriate: \_\_\_\_\_

\_\_\_\_\_

2. 504/Special Education (IEP included) \_\_\_\_\_

Plan for continued services if appropriate: \_\_\_\_\_

\_\_\_\_\_

3. Juvenile Justice: \_\_\_\_\_

Plan for continued services if appropriate: \_\_\_\_\_

\_\_\_\_\_

4. DCFS: \_\_\_\_\_

Plan for continued services if appropriate: \_\_\_\_\_

\_\_\_\_\_

5. Current Medications: \_\_\_\_\_

6. Probation/Pending court/Charges \_\_\_\_\_

Plan for continued services if appropriate: \_\_\_\_\_

\_\_\_\_\_

7. Community Mental Health: \_\_\_\_\_

Plan for continued services if appropriate: \_\_\_\_\_

\_\_\_\_\_

8. Any additional services: \_\_\_\_\_