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**ALE EXIT CONFERENCE**

Click here to enter a date.

DATE

Student: Click here to enter text. School: Click here to enter text.

After a review of the student’s goals when placed in the ALE, the Team agrees that the student has adequately met the criteria and goals set for him/her and is ready to exit back to the home school.

Click here to enter text. will begin the traditional classes and be exited from alternative education on Click here to enter a date.

Click here to enter text. , a staff member at the home school, will

Name & Title

monitor his/her transition back into the school. The aforementioned will visit with the student to see how his/her return to the home school is progressing. This will be done at least once during each grading period. The student will be encouraged to come to this person any time he/she is having difficulty re-adjusting or encounters a problem that could result in a negative situation or experience.

**ALE TRANSITION TEAM**

**Name: Position:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL ADMINISTRATOR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL COUNSELOR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASSROOM TEACHER (Current Educator Assigned to Student)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT OR GUARDIAN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALE REPRESENTATIVE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 504, SPED, External Support, Probation Officer, Relative, etc.**