**Alternative Learning Environment**

**Placement Conference Decision Form**

 Student: Click here to enter text. ID #: Click here to enter text. Grade: Choose an item.

 Age: Click here to enter text. DOB: Click here to enter text. Race: Choose an item.

 Gender: Choose an item.

 School: Click here to enter text. Date of Placement: Click here to enter a date. 504 or SPED: No

 **ALE PLACEMENT TEAM MEETING DATE:** Click here to enter a date.

 **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.)**

 Parent: Click here to enter text. Address: Click here to enter text. Phone: Click here to enter text.

 Contact: [ ] Attempted [ ] Made Date: Click here to enter a date. Contact Method: Choose an item.

 Contact: [ ] Attempted [ ] Made Date: Click here to enter a date. Contact Method: Choose an item.

 Contact: [ ] Attempted [ ] Made Date: Click here to enter a date. Contact Method: Choose an item.

 Describe the current reason for referral: Click here to enter text.

**Placement Considerations: Student exhibits two (2) or more of the characteristics listed below**.

**Include supporting documentation if applicable.**

[ ] Single parenting [ ] Drop out from school

[ ] Personal or family problems or situations [ ] Recurring absenteeism

[ ] Mental/physical health problems [ ] Abuse: physical, mental or sexual

[ ] Frequent relocation of residency [ ] Homelessness

[ ] Inadequate emotional support [ ] Disruptive Behavior

 [ ] Pregnancy [ ] Ongoing, persistent lack of attaining proficiency levels in literacy or mathematics.

 Were Mental Health Services discussed? Choose an item.

 If discussed, what was the outcome of discussion? Click here to enter text.

[ ] Student will be placed in the ALE

 [ ] Student will not be placed in the ALE

 If the student is being placed in the ALE, the following information shall be sent to AE upon entry:

[ ] Discipline Record [ ] IEP (If applicable) [ ] Latest Quarterly & State test results [ ] Test Scores

[ ] Attendance Record [ ] 504 Plan (If applicable) [ ] Current Grades [ ] Documented Interventions

[ ] Class Schedule [ ] AIP (If applicable) [ ] Emergency Contact Information

**Alternative Education Vision Statement**

 A formal statement that expresses the aspirations and goals of an organization

 Example

 “To create a community of learners that develops the untapped potential of at-risk students.”

**Alternative Education Mission Statement**

How to write a Mission Statement

Who are you and what do you stand for?

Who is your customer/client?

What do want to do for your client?

How are you going to serve your client?

What will be the end result?

 Example

 “The mission of Razorback Alternative Education Program is to

 provide a safe, supportive learning environment with opportunities

 for each student to develop the skills and knowledge to become

 a responsible, successful citizen.”