

**Alternative Education  
Placement Conference Decision Form**

Student \_\_\_\_\_ ID # \_\_\_\_\_ Grade \_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ R \_\_\_\_ G \_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 504 or Special Education \_\_\_\_\_  
SCHOOL Date of Placement Y N

**ALTERNATIVE EDUCATION PLACEMENT TEAM**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MEETING DATE

Name:

Position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL ADMINISTRATOR

SCHOOL COUNSELOR

CLASSROOM TEACHER (Current Educator Assigned to Student)

PARENT OR GUARDIAN

ALTERNATIVE EDUCATION REPRESENTATIVE

STUDENT

504, Special Education, External Support, Probation Officer, Relative, etc.

Parent: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact: \_\_\_ Attempted \_\_\_ Made Date: \_\_\_/\_\_\_/\_\_\_ Contact Method: \_\_\_\_\_  
Contact: \_\_\_ Attempted \_\_\_ Made Date: \_\_\_/\_\_\_/\_\_\_ Contact Method: \_\_\_\_\_  
Contact: \_\_\_ Attempted \_\_\_ Made Date: \_\_\_/\_\_\_/\_\_\_ Contact Method: \_\_\_\_\_

Describe the current reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Placement Considerations: Student exhibits two (2) or more of the characteristics listed below.  
Include supporting documentation if applicable.**

- |   |                                   |
|---|-----------------------------------|
| ____ Personal or family problems or situations  | ____ Drop out from school         |
| ____ Recurring absenteeism  | ____ Disruptive Behavior          |
| ____ Mental/physical health problems  | ____ Inadequate emotional support |
| ____ Frequent relocation of residency   | ____ Homelessness                 |
| ____ Abuse: physical, mental or sexual  | ____ Pregnancy                    |
| ____ Ongoing, persistent lack of attaining proficiency levels<br>in literacy or mathematics | ____ Student is a single parent   |

Were Mental Health Services discussed? YES \_\_\_\_\_ NO \_\_\_\_\_

What was the outcome of discussion? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Student will be placed in Alternative Education

\_\_\_\_\_ Student will not be placed in Alternative Education

If the student is being placed in Alternative Education, 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      \_\_\_ SSP (If applicable)      \_\_\_ Emergency Contact Information