

ALTERNATIVE EDUCATION REFERRAL

Student: _____ Date: ____/____/____

Referral initiated by: _____

Reason for referral: _____

Referral received on: ____/____/____

Placement conference scheduled for: ____/____/____

Response to Intervention (RTI) / Interventions attempted prior to referral:

THE FOLLOWING INFORMATION IS INCLUDED AS PART OF THE REFERRAL PROCESS:

ADE Data Center / Student GPS will have most of the items below. (Print and attach.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> IEP (If applicable) | <input type="checkbox"/> Test Scores | <input type="checkbox"/> Latest Quarterly & State test results | <input type="checkbox"/> Current Grades |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> 504 Plan (If applicable) | <input type="checkbox"/> Documented Prior Interventions | <input type="checkbox"/> Discipline Record |
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Student Success Plan (If applicable) | <input type="checkbox"/> Emergency Contact Information | |