



CHOCTAW COUNTY

OPPORTUNITY CENTER

PLACEMENT

FORMS

**CHOCTAW COUNTY OPPORTUNITY CENTER**

STUDENT'S NAME \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

DATE COMPLETED:

MUST INCLUDE:

\_\_\_\_\_

Local school referral recommendation

\_\_\_\_\_

District approval (with duration dates)

\_\_\_\_\_

Student information sheet

\_\_\_\_\_

Teacher referrals

\_\_\_\_\_

Student's disciplinary record

\_\_\_\_\_

Copy of cumulative record

**I verify that this packet is complete, and the student is ready to be enrolled.**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**\*\*This packet must be submitted at least 2 days prior to the student enrolling.**

**\*\*Parent/guardian must bring student the first day for orientation.**

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**TO BE COMPLETED BY OPPORTUNITY CENTER PERSONNEL ONLY:**

Date Packet Received \_\_\_\_\_

Date Student Enrolled \_\_\_\_\_

## LOCAL SCHOOL REFERRAL RECOMMENDATION

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

REFERRED BY \_\_\_\_\_ POSITION \_\_\_\_\_

SCHOOL \_\_\_\_\_

REFERRING  
PRINCIPAL \_\_\_\_\_ PHONE# \_\_\_\_\_

- ☐ Refer to Opportunity Center
- ☐ Remain in regular education
- ☐ Attempt another intervention

SUMMATION OF COMMITTEE MEETING:

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Use the back for additional comments:

Committee Signatures

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Representative

Position

Principal

CCAS Administrator

Central Office

**NOTE:** Referral recommendation committee adheres to local and State Department guidelines.

**CHOCTAW COUNTY OPPORTUNITY CENTER  
DISTRICT RECOMMENDATION APPROVAL FOR  
PLACEMENT**

**STUDENT'S NAME** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE LEVEL** \_\_\_\_\_

( ) I have reviewed the data on the above mentioned student and grant permission for placement of him/her to the Choctaw County Opportunity Center Program. The duration of Opportunity Center placement

is \_\_\_\_\_ to \_\_\_\_\_.  
(date) (date)

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Comments (If necessary):

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Superintendent's Signature

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Date

**CHOCTAW COUNTY OPPORTUNITY CENTER**  
**STUDENT INFORMATION SHEET**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Student resides with \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

Parental marital status – S M W D (Please circle one)    Number of siblings \_\_\_\_\_

Is student a teen parent? \_\_\_\_\_ Currently Pregnant? \_\_\_\_\_

Student's current grade level placement \_\_\_\_\_

Number of credits earned to date \_\_\_\_\_

Number of days present this school year \_\_\_\_\_

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Academic status of student at time of enrollment. Attach a complete summary of the student's grades for each grading period.

NOTE: Objectives to be covered for each class are to be sent by each teacher for the duration of the student's placement.

**CHOCTAW COUNTY OPPORTUNITY CENTER**  
**TEACHER REFERRAL**  
(To be completed by all teachers)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Subject \_\_\_\_\_

Please provide this student's behavior in your classroom. A copy may be filled out by each referring teacher.

1. Academic progress:  
☐ Average ☐ Slow  
☐ Erratic ☐ Other
2. If student is failing, what is the reason for failure?
3. Describe student's problems as you see it, citing examples of behavior and frequency of occurrence.
4. What steps have you taken to alleviate this problem?
5. Briefly describe methods attempted to change behavior and results (Intervention).
6. Suggestions which might help this student.

## FOR PLACEMENT OF SPECIAL EDUCATION STUDENTS:

It is important to understand whether a proposed suspension is a change in placement because discipline procedures will be different depending on determination.

### **Any change in placement requires:**

- \* A manifestation determination review,
- \* Functional behavioral assessment,
- \* Behavioral intervention plan (or review), and
- \* A determination of educational services by an IEP Committee (unless removal is due to 45-day hearing officer authority)