

ABERDEEN SCHOOL DISTRICT

Alternative School Principal Referral

Form 2A

Student's Name _____ Date of Birth _____

MSIS ID Number _____ School _____

Parent's Name _____ Phone No. _____

Parent's Address _____ Emergency No. _____

Principal's Name _____

Grade _____ Referral Date _____ Referral Reason: **Behavioral** **Academics**

1. Reason for referral (principal's statement of the problem):

2. School background:
Grades repeated? _____ Which grades? _____
Excessive absences? _____ Number of absences? _____
Suspensions (in and out of school)? _____
How many? _____ Reason(s) **Attach Discipline Referral(s)**
Student identified on in-school child find? _____
Number of times on child find? _____

Does the student have a current eligibility for Special Education? _____.
If yes, date of last IEP meeting _____ and **Manifestation Determination meeting date** _____ (**attach Manifestation Report**).

Enrolled in any special programs? _____
Type of program? _____ Teacher(s) _____

3. Home background:
Who does the student live with? _____
What relation is the person to the student? _____
Are you aware of any problems at home (present / past)? _____
If yes, please describe _____

4. Medical information:
Does student have any physical problems that you are aware of? _____
Describe: _____
Does the student receive any medication at school? _____
If yes, type of medication _____?

5. Expected outcome from Alternative Placement? _____
Student will serve days in Alternative School

APPROVAL

_____	_____
Principal	Date
_____	_____
Superintendent	Date