
Alternative Learning Environment Handbook

Smackover School

District

2012-2013

Introduction

According to Smackover School District Policy 5.26 which was adopted on July 2, 2007 and revised on September 10, 2012, the Smackover School District shall have an alternative learning environment (ALE) Which shall be part of an intervention program designed to provide guidance, counseling, and academic support to students who are experiencing emotional, social, or academic problems.

The Smackover School District ALE Program shall follow class size, staffing, curriculum and expenditure requirements identified in the Arkansas Department of Education Rules Governing the Distribution of Student Special Needs Funding and the Determination of Allowable Expenditures of Those Funds (June, 2012).

This handbook will outline the following:

- Program Description and Curriculum
- Student Eligibility
- Student Placement
- Student Assessment
- Student Action Plan
- Communication with Parents or Guardians
- Student Transition Plan
- Personnel Requirements
- Documentation of Compliance

The following forms are located at the back of this handbook:

- ALE-1: Referral for Alternative Learning Environment
- ALE-2: Instructions for an ALE Referral for ALL Special Education Students Including Speech Only Students
- ALE-3: Alternative Learning Environment Referral Narrative
- ALE-4: Academic and Behavior Intervention History Prior to an ALE Referral
- ALE-5: Alternative Learning Environment Referral Conference Form
- ALE-6: Alternative Learning Environment Placement Form
- ALE-7: ALE Initial Assessment
- ALE-8: Student Action Plan
- ALE-9: ALE Agreement
- ALE-10: Transitional Plan

The following policies and rules are located at the back of this handbook:

- Smackover School District Policy 5.26 – Alternative Learning Environments
- Smackover School District Policy 5.26.1 – ALE Program Evaluation
- Arkansas Department of Education Rules Governing the Distribution of Special Needs Funding and the Determination of Allowable Expenditures of Those Funds – Section 4.00 – Special Need – Alternative Learning Environment (ALE)

Program Description and Curriculum

The Smackover School District ALE Program is designed to support a student in preparing for achieving a diploma by successfully passing the General Education Development (GED) Tests. The Arkansas High School Diploma (GED) can be earned by passing a series of general knowledge exams. The tests cover the following subjects: writing skills, social studies, science, literature, and the arts, and mathematics. The GED test may be taken at South Arkansas Community College. Students must take a pre-test and present those results with an application to test before taking the state GED Test.

The curriculum utilized will be aligned with the standards for GED Tests (4.04.3).

To participate in an ALE using the GED curriculum, the student:

- Must be sixteen (16) years of age or older (4.04.3.1);
- Must lack sufficient credits to graduate by the time the student turns eighteen (18) years of age (4.04.3.2); and
- Must have written consent from the parent or guardian if under the age of eighteen (18). A student who is 18 may provide written consent (4.04.3.2).

The Smackover School District ALE Program is operated in conjunction with a consortium of school districts including Junction City School District, Norphlet School District, and Parkers Chapel School District.

Student Eligibility

An eligible ALE student shall exhibit two or more of the characteristics identified in 4.02.1.1 and 4.02.1.2 (ADE Rules). Students will not be placed in an ALE based on academic problems alone (4.02.1) or for punitive reasons (4.01.3).

- Ongoing persistent lack of attaining proficiency levels in literacy and mathematics
- Abuse: physical, mental, or sexual
- Frequent relocation of residence
- Homelessness
- Inadequate emotional support
- Mental/physical health problems
- Pregnancy
- Student is a parent
- Personal or family problems or situations
- Recurring absenteeism
- Dropping out from school
- Disruptive behavior

Student Referral

1. Before a student can be enrolled in the Smackover School District ALE Program, the following forms must be completed and sent to the building principal responsible for the ALE program:

- ALE-1: Referral for Alternative Learning Environment
- ALE-3: Alternative Learning Environment Referral Narrative
- ALE-4: Academic and Behavior Intervention History Prior to an ALE Referral

If a referred student has previously been identified as a special education student, the directions on **ALE-2: Instructions for an ALE Referral for ALL Special Education Students Including Speech Only Students** must be followed.

2. Once the building principal responsible for the ALE program receives forms **ALE-1 and ALE-3**, the building principal shall contact the parent or guardian to schedule an ALE Placement Team Meeting (4.02.2.8).
3. A student may be enrolled in an ALE only on the referral of an ALE Placement Team which will include the following members (4.02.2):

- School counselor from the referring school
- Building principal or assistant principal from the referring school
- One or more of the student's regular classroom teachers
- LEA special education supervisor or 504 coordinator (if applicable)
- ALE teacher
- Parent or guardian of the student, if they choose to participate
- Referred student (optional)

4. The following forms will be completed during the ALE Placement Team meeting:

- **ALE-5: Alternative Learning Environment Referral Conference Form**
- ALE-6: Alternative Learning Environment Placement Form

5. If the decision is made to place a student in the Smackover School District Consortium ALE Program during the ALE Placement Team meeting, the parent or guardian will be informed that the student will be assessed within one week after beginning the ALE Program. A second team meeting will be held to review the results of the assessment and the Student Action Plan and to create the ALE Agreement.

Student Assessment

Any student placed in the Smackover School District ALE Program will be assessed within one (1) week of the placement (4.02.4). The following assessment tools may be used (this list is not inclusive or exclusive):

Diagnostic Reading Assessments	<ul style="list-style-type: none">• DRA• Flynt Cooter• GED Pre Test• TABE
Diagnostic Mathematics Assessments	<ul style="list-style-type: none">• GED Pre Test• TABE
Other Academic Diagnostic Assessments	<ul style="list-style-type: none">• GED Pre Test• TABE
Social/Emotional/Behavior Assessments	<ul style="list-style-type: none">• To be determined by the counselor
Career Assessments	<ul style="list-style-type: none">• Kuder
Other Assessments	<ul style="list-style-type: none">• Reading Interest Inventory

The results from the assessment will be recorded on **ALE-7: ALE Initial Assessment**.

The results from the assessment will be used to create the Student Action Plan (4.02.04).

Student Action Plan

No later than one (1) week after a student begins the Smackover School District ALE Program, the ALE Placement Team will create a Student Action Plan (SAP) based on the results of the assessment done within the first week (4.02.4).

The form which will be used to create the SAP is **ALE-8: Student Action Plan**.

The SAP will contain:

- A plan of intervention to address the student's specific educational needs (4.02.4.1)
- If appropriate, a plan of intervention to address the student's behavioral need (4.02.4.1)
- Goals and objectives for the student (4.02.4.2)
- Exit criteria from the program (4.02.4.3)
- Documentation of rationale for placement (4.02.4.4)

The SAP may be revised from time to time by the ALE Placement Team.

The ALE Placement Team will meet again no later than one (1) week after a student begins the Smackover School District ALE Program to review the SAP with the parent/guardian and student. During this meeting, the ALE Placement Team shall develop a signed agreement between the ALE, the parent or guardian (if they choose to participate), and the student, outline the responsibilities of the ALE, parent or guardian, and the student (4.02.5). The form which will be used for this agreement is:

- **ALE-9: ALE Agreement**

Communication with Parents or Guardians

The Smackover School District strongly believes that communication with parents or guardians is a critical element for the success of a student in the ALE program. To that end, the ALE teacher will maintain documentation of contact with parents as part of form ALE-8: Student Action Plan.

The ALE teacher must minimally document the following on **ALE-8: Student Action Plan**:

- Notice of referral team meeting
- Notice of Student Action Plan review meeting
- Notice of change to Student Action Plan
- Notice of transition conference at the completion of the program

Student Transition Plans

At the completion of the Smackover School District ALE Program, a transitional plan will be created to support the student in returning back to the regular classroom environment (4.02.6). The following form will be used to create the transitional plan:

- **ALE-10: Transitional Plan**

A team meeting will be held in which the parent or guardian and the student will be invited to attend. During this meeting, the team shall develop a signed agreement between the district, the parent or guardian (if they choose to participate), and the student, outlining the responsibilities of the district, parent or guardian, and the student to create a smooth transition back to the regular classroom environment.

Personnel Requirements

Administrative, teaching, and other personnel in the Smackover School District ALE Program shall meet appropriate State licensure and renewal requirements for the position to which they are assigned (4.03.1).

All direct instruction in core academic subject areas shall be provided by highly qualified teachers (4.03.2).

The ALE program shall maintain student/teacher ratios as outlined in ADE Rules (4.03.3).

Professional development plan and in-service training will be required for all licensed personnel working in the ALE (4.03.4). Such training shall include:

- Classroom management
- Specific needs and characteristics of students in alternative learning environments
- Specific alternative education professional development

Documentation of Compliance

The Smackover School District will submit the following to the Arkansas Department of Education by March 31 of each year:

- A description of the ALE program documenting compliance with Ark. Code Ann. §6-48-101 et seq. (4.05.1)
- An assurance statement signed by the superintendent (4.05.2)
- A copy of the contract agreement or memorandum of understanding governing the ALE program as well as a list of all school districts participating in the ALE (4.05.3)

Furthermore, the Smackover School District will compile the required annual report data utilizing Arkansas Public School Computer Network student management data (4.05.4).

Additionally, the Smackover School District will submit a description of the ALE program in its Arkansas Comprehensive School Improvement Plan (ACSIP) (4.05.7). This description will also include how the ALE program will be evaluated.

Referral for Alternative Learning Environment

Today's Date					
Student Name					
Student ID#					
Date of Birth		Age		Grade	
Referring Person and Title					
Parent/Guardian Names					
Address					
Home Phone Number		Cell		Other	
<p>Are any outside agencies involved with this student?</p> <p> <input type="radio"/> South Arkansas Regional Health Center <input type="radio"/> Day Spring <input type="radio"/> Other _____ </p>					
<p>Is the student currently taking medication? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please list the medication(s) _____</p> <p>If not on medication, has the student been on medication in the past? _____</p>					
<p>Does the student have a Section 504 plan? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is the Section 504 plan current? <input type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: center;">*If not, the 504 plan must be updated before packet is submitted.</p>					
<p>Has the student been identified for special education services? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Disability _____ Date of last evaluation _____</p> <p>Date Behavior Intervention Plan was written or reviewed _____</p> <p>Are behavior goals included in the current IEP? <input type="radio"/> Yes <input type="radio"/> No</p>					

Referral Reason

An eligible ALE student shall exhibit two (2) or more of the characteristics identified in 4.02.1.1 and 4.02.1.2 (ADE Rules). Students will not be placed in an Alternative Learning Environment based on academic problems alone (4.02.1) or for punitive reasons (4.01.3).

- Ongoing, persistent lack of attaining proficiency levels in literacy and mathematics
- Abuse: physical, mental, or sexual (Attach documentation of abuse to referral.)
- Frequent relocation of residence (Attach documentation.)
- Homelessness (Contact Homeless Liaison prior to referral.)
- Inadequate emotional support (Attach explanation.)
- Mental/physical health problems (Attach explanation.)
- Pregnancy
- Student is a parent
- Personal or family problems or situations
- Recurring absenteeism
- Disruptive behavior
- Other _____

ALE Referral Packet Checklist:

- Referral narratives forms (3 narratives required: principal, teacher(s), nurse, and/or counselor)
- Attendance printout
- Current grades
- Discipline summary
- Referral Conference Form
- If 504, copy of current 504
- If special education, current IEP
- If special education, current Behavior Intervention Plan

**Instructions for an ALE Referral
For ALL Special Education Students
Including Speech Only Students**

At the beginning of a new school year (or with incoming transfer students,) an appropriate amount of time should be given for the student to become familiar with the school environment before an ALE referral is considered. A recommended time frame is 6 weeks.

For students exhibiting behavior problems and needing an ALE referral, a Separate Programming Conference (SPC) must be held first. The conference should include:

- Parent
- Speech Administrator
- Speech Pathologist
- Counselor
- Teacher
- Mental Health Professional
- Any other applicable persons

If a Behavior Intervention Plan (BIP) has not been written:

- Document behavior concerns on SPC decision form
- Develop a behavior plan
- If a student has been suspended for more than ten (10) days for the current school year, a Functional Behavior Assessment (FBA) must also be completed
- Implement the behavior plan for more than two weeks documenting the results
- ALE referral will be suspended at this time while data is collected on the BIP

If a Behavior Intervention Plan (BIP) has been written:

- Ensure behaviors on the BIP are the one presently exhibited
- Document what is/isn't working on the BIP
- If the BIP is working, continue implementation and suspend ALE referral
- If the BIP is not working (as evidenced by data collected such as disciplinary referrals, Suspensions, and teacher documentation), submit this information with a completed ALE referral.

On a Separate Programming Conference form, **do not write** that an ALE placement is recommended. **Do write** that an ALE referral packet will be completed and submitted.

When the ALE referral is submitted, the following items must be included:

- Completed ALE referral packet
- IEP
- Separate Programming Conference documentation (including notes and BIP)
- FBA (if suspended more than 10 days out of school.)

Alternative Learning Environment Referral Narrative

Today's Date	
Student Name	
Referring Person and Title	
Referral Reason: List the presenting concerns that are prompting the referral to an alternative learning program. Provide a narrative that describes the behaviors that are impeding academic progress. Be as specific as possible, giving examples and frequency of presenting behaviors . Do NOT attach behavior documents or discipline referrals.	

Alternative Learning Environment Referral Narrative

Today's Date	
Student Name	
Referring Person and Title	
Referral Reason: List the presenting concerns that are prompting the referral to an alternative learning program. Provide a narrative that describes the behaviors that are impeding academic progress. Be as specific as possible, giving examples and frequency of presenting behaviors . Do NOT attach behavior documents or discipline referrals.	

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Student Name	
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Referral Reason: List the presenting concerns that are prompting the referral to an alternative learning program. Provide a narrative that describes the behaviors that are impeding academic progress. Be as specific as possible, giving examples and frequency of presenting behaviors . Do NOT attach behavior documents or discipline referrals.	

Academic and Behavior Intervention History Prior to an ALE Referral

Today's Date		Student Name	
<p>Name of Intervention: _____</p> <p>Person Providing Intervention: _____</p> <p><input type="checkbox"/> Small group (Tier2) <input type="checkbox"/> Individual (Tier 3)</p> <p>Number of sessions per week _____ Number of minutes per session _____</p> <p>Dates of Intervention: _____</p> <p>Outcome:</p>			
<p>Name of Intervention: _____</p> <p>Person Providing Intervention: _____</p> <p><input type="checkbox"/> Small group (Tier2) <input type="checkbox"/> Individual (Tier 3)</p> <p>Number of sessions per week _____ Number of minutes per session _____</p> <p>Dates of Intervention: _____</p> <p>Outcome:</p>			
<p>Name of Intervention: _____</p> <p>Person Providing Intervention: _____</p> <p><input type="checkbox"/> Small group (Tier2) <input type="checkbox"/> Individual (Tier 3)</p> <p>Number of sessions per week _____ Number of minutes per session _____</p> <p>Dates of Intervention: _____</p> <p>Outcome:</p>			

Alternative Learning Environment Referral Conference Form

Today's Date	
Student Name	

Name	Title
	Referring Administrator (Required)
	Counselor from Referring School (Required)
	Teacher (Required)
	LEA Special Education Supervisor or 504 Coordinator (Required if applicable)
	ALE Teacher (Required)

I understand my child has been referred to an "Alternative Learning Environment" (ALE) in the Smackover School District. My child will remain in his/her current school until placement has been determined.

I agree with this referral. _____

I do not agree with this referral. _____

Parent/Guardian Signature

Alternative Learning Environment Placement Form

Today's Date	
Student Name	

The Alternative Education Placement Team recommends the following:

- _____ Placement in the Alternative Education Program
- _____ Remaining in the current educational placement at _____
- _____ Other _____

I agree with this placement. _____ I do not agree with this placement. _____

Parent/Guardian Signature

To be completed by the building principal responsible for the ALE program ONLY if a student is placed in the ALE program.

Date Student Will Begin the ALE Program	
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Your child will be assessed within one week to determine the academic, social, emotional, behavior and career support your child will need to be provided in the ALE Program.

The results of these assessments will be used to create you child's Student Action Plan. You are invited and encouraged to attend the Student Action Planning Team Meeting.

Student Action Planning Team Meeting	
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Building Principal's Signature

ALE Initial Assessment
 (Must be completed within one week of placement in ALE)

Student Name					
Date of ALE Placement					
Date of Birth		Age		Grade	
Diagnostic Reading Assessment _____ Assessment Date _____ Assessment Results:					
Diagnostic Mathematics Assessment _____ Assessment Date _____ Assessment Results:					
Other Academic Diagnostic Assessment _____ Assessment Date _____ Assessment Results:					
Social/Emotional/Behavior Assessment _____ Assessment Date _____ Assessment Results:					

<p>Career Assessment _____</p> <p>Assessment Date _____</p> <p>Assessment Results:</p>
<p>Other Assessment _____</p> <p>Assessment Date _____</p> <p>Assessment Results:</p>
<p>Other Assessment _____</p> <p>Assessment Date _____</p> <p>Assessment Results:</p>

Student Action Plan

For students enrolled in an Alternative Learning Environment

Student Name		Age		Grade		Date of ALE Placement	
Reason for Placement (Attach Documentation)							

ALE Intervention Plan

<p>Area of Concern: _____</p> <p>Name of Intervention: _____ Person Providing Intervention: _____</p> <p>Number of Sessions per week _____ Number of minutes per session _____ <input type="checkbox"/> Small group (Tier 2) <input type="checkbox"/> Individual (Tier 3)</p>
<p>Area of Concern: _____</p> <p>Name of Intervention: _____ Person Providing Intervention: _____</p> <p>Number of Sessions per week _____ Number of minutes per session _____ <input type="checkbox"/> Small group (Tier 2) <input type="checkbox"/> Individual (Tier 3)</p>
<p>Area of Concern: _____</p> <p>Name of Intervention: _____ Person Providing Intervention: _____</p> <p>Number of Sessions per week _____ Number of minutes per session _____ <input type="checkbox"/> Small group (Tier 2) <input type="checkbox"/> Individual (Tier 3)</p>

Revisions to this document may be made by the Alternative Education Placement Team.

Student Goals

(For reintegration into the regular educational environment)

Academic Goal			
	Objectives	Resources Need	Time Line

Academic Goal			
	Objectives	Resources Need	Time Line

Exit Criteria
(For returning into the regular educational environment)

Criterion	Evidence	Date Completed and Signature of ALE Teacher

Parent Contact Documentation

Student Name		Grade	
Parent/Guardian		Phone Number(s)	
Parent/Guardian		Phone Number(s)	
Email Address		Teacher Name	

Date	Teacher Comments/Concerns	Parent Comments/Concerns	Action(s)

Date	Teacher Comments/Concerns	Parent Comments/Concerns	Action(s)

ALE Agreement

To support _____, the Alternative Learning Environment of the Smackover School District Consortium agrees to do the following:

- Maintain regular contact with the parents
- Involve parents in the creation and revision of the Student Action Plan
- Provide interventions that specifically meet the academic and social/emotional needs of the student
- Support the student in setting goals and objectives which will enable the student to return to the regular classroom
- Create a team of individual responsible for monitoring the student's progress toward achieving goals and objectives

Building Principal

Date

ALE Teacher

Date

To support my child, _____, in the Smackover School District Alternative Learning Environment Consortium, I agree to do the following:

- Attend meetings held at the school regarding my child
- Participate in creating the Student Action Plan for my child
- Ensure that my child attends school daily and arrives to school on time
- Support my child in setting and achieving goals and objectives which will enable my child to return to the regular classroom.
- Become one of the team members responsible for monitoring my child's progress toward achieving goals and Objectives

Parent/Guardian

Date

To participate in the Smackover School District ALE Consortium, I, _____,
agree to do the following:

- Come to school daily and on time
- Set goals and objectives which will enable me to return to the regular classroom
- Actively participate in interventions provided for me
- Ask for help when I need it
- Treat all of the adults who are supporting me with respect (including my parents, teachers, counselors, and administrators)

Student

Date

Transitional Plan

For students returning to the regular education environment

Student Name					
Date Student Will Return to Regular Education Environment					
Date of Birth		Age		Grade	
<p>Summative Reading Assessment _____</p> <p>Assessment Date _____</p> <p>Assessment Results and Recommendations:</p>					
<p>Summative Mathematics Assessment _____</p> <p>Assessment Date _____</p> <p>Assessment Results and Recommendations:</p>					
<p>Other Academic Summative Assessment _____</p> <p>Assessment Date _____</p> <p>Assessment Results and Recommendations:</p>					
<p>Social/Emotional/Behavior Assessment _____</p> <p>Assessment Date _____</p> <p>Assessment Results and Recommendations:</p>					

Other Assessment _____
Assessment Date _____
Assessment Results and Recommendations:

Other Assessment _____
Assessment Date _____
Assessment Results and Recommendations:

Intervention Information

To support student in making the transition to the regular education environment

Area of Concern: _____
Name of Intervention: _____
Person Providing Intervention: _____
 Small group (Tier 2) Individual (Tier 3)
Number of sessions per week _____ Number of minutes per session _____

Area of Concern: _____
Name of Intervention: _____
Person Providing Intervention: _____
 Small group (Tier 2) Individual (Tier 3)
Number of sessions per week _____ Number of minutes per session _____

Attach Behavior Plan to this document.

Agreement to Return to Regular Educational Environment

To support _____ in the transition to a regular education environment, the _____ School District agrees to do the following:

- Maintain regular contact with the parents
- Provide interventions that specifically meet the academic and social/emotional needs of the student, if appropriate
- Support the student in setting goals and objectives which will enable the student to remain in the regular classroom
- Create a team of individual responsible for monitoring the student’s progress toward achieving goals and objectives

Building Principal

Date

ALE Teacher

Date

To support my child, _____, in the transition to a regular educational environment, I agree to do the following:

- Attend meetings held at the school regarding my child
- Ensure that my child attends school daily and arrives to school on time
- Support my child in setting and achieving goals and objectives which will enable my child to remain in the regular classroom.
- Become one of the team members responsible for monitoring my child’s progress toward achieving goals and Objectives
- Monitor my child’s student planner to ensure that homework is completed and that I am aware of what my child is learning

Parent/Guardian

Date

To participate in a regular education environment, I, _____, agree to do the following:

- Come to school daily and on time
- Set goals and objectives which will enable me to return to the regular classroom
- Actively participate in interventions provided for me
- Ask for help when I need it
- Treat all of the adults who are supporting me with respect (including my parents, teachers, counselors, and administrators)
- Keep my student planner updated to ensure that my homework is completed
- Show my student planner to my parents daily

Student

Date