

Date _____

ZUMBRO EDUCATION DISTRICT
AREA LEARNING CENTER
RESIDENT DISTRICT REFERRAL

Student Name (as appears in your Student Information System):

Address: _____ City _____ State _____ Zip _____

Parent/Guardian: _____

Address (if different above): _____

City: _____ State _____ Zip _____

Home phone: _____ work phone _____ cell phone _____

Other phone _____ E-mail _____

Resident District _____ Last School District Attended _____

Grade _____ Birth date _____ MARSS # _____

Sp. Ed, IEP, or 504 plan(if so, please list which one)? _____

If one, Date of current plan: _____

MCA Math Score _____ Date _____

MCA Reading Score _____ Date _____

MCA Science Score _____ Date _____

Has student passed the GRAD in Math? _____ If so, Date _____

Has student passed the GRAD in Reading? _____ If so, Date _____

Has student passed the GRAD in Writing? _____ If so, Date _____

Person completing this form: _____

What is the specific reason for this referral? (See attached criteria): _____

Does this student have a history of violence? If so, please explain: _____

What interventions/strategies have been implemented to support this student?

Which interventions were most successful? _____

High School Graduation Incentive Programs:

Minnesota Statute 124D.68, Subdivision 1 states: the legislature finds that it is critical to provide options for children to succeed in school. Therefore, the purpose of this section is to provide incentives for and to encourage Minnesota students who have experienced or are experiencing difficulty in the traditional education system to enroll in alternative programs.

The following pupils are eligible to participate in the high school graduation incentives program:

- A) Any pupil under the age of 21 who:
 - a. Performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
 - b. Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation;
 - c. Is pregnant or is a parent;
 - d. Has been assessed as chemically dependent;
 - e. Has been excluded or expelled according to sections 121A.40 to 121A.56;
 - f. Has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69;
 - g. Is a victim of physical or sexual abuse;
 - h. Has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
 - i. Speaks English as a second language or has limited English proficiency; or
 - j. Has withdrawn from school or has been chronically truant; or

- B) Any person who is at least 21 years of age and who:
 - a. Has received fewer than 14 years of public or non-public education, beginning at age 5;
 - b. Has not completed the requirements for a high school diploma; and
 - c. At the time of application,
 - i. Is eligible for unemployment benefits or has exhausted benefits,
 - ii. Is eligible for, or is receiving income maintenance and support services, as defined in section 268.0111, subdivision 5, or
 - iii. Is eligible for services under the displaced homemaker program, state wage-subsidy program, or any programs under the Federal Jobs Training Partnership Act or its successor.

High School Credits Earned _____ Credits Needed (please list): _____

Special Services History:

Is the student currently on an IEP or 504 plan? _____ If so, please include current IEP or 504 plan. If dismissed from special education services, please explain and give date. _____

Has the student been referred for special education assessment in the past but did not complete the assessment or qualify for services? Please explain _____

Does this student qualify for ELL services? _____

Is the student currently taking any medications at home or at school? Describe. _____

Behavioral History:

Is this student presently employed? _____ Where? _____

What is the student's attendance record for the last year? (Attach attendance records if available) _____

Days present/total days _____ Tardies _____ Suspensions IS/OS _____

Number of behavior referrals and reasons: _____

Social /Community History:

Is the student currently receiving or has this student previously received services from county social services? _____

Mental Health Service Provider: _____ Phone # _____

Probation Officer: _____ Phone # _____

Social Worker _____ Phone # _____

Probation Officer _____ Phone # _____

