



Exceptional Student Education (ESE) Academic Interventions Referral Procedures Checklist

The Area Alternative Education (AE) ESE Placement Liaison and the sending school's ESE contact review the Referral Packet, sign this Checklist, and present it to the sending school's Principal for signature. The Area AE ESE Placement Liaison then sends the original of this completed Checklist and the completed Referral Packet to the Department of Dropout Prevention/Alternative Education for review and Designee's signature. Area AE ESE Placement Liaison forwards a copy of the packet to the receiving school. DOP/AE notifies the Area Superintendent of student eligibility and Referral Packet completion. The Area office returns signed Alternative Education Placement Letter to DOP/AE. Assistant Superintendent signs final approval/disapproval of placement and the Area Office notifies the sending and receiving schools.

Student Name		Student ID #	Grade	Date of Birth
Current School		Current School #	Home School	
Person Completing Packet		Title		
Telephone	PX	E-mail Address		

Primary Exceptionality _____

For each of the following sections, check each applicable item.

- A) ESE Contact at current school schedules Individual Education Plan (IEP) Team meeting and sends Parent Participation Notification (PBSD 0298) indicating that the meeting's purpose is to review the current IEP and to consider placement in a DOP/AE Academic Intervention Program.

MUST ATTEND	MUST BE INVITED
<input type="checkbox"/> 1. Local Education Agency representative <input type="checkbox"/> 2. Area Alternative Education ESE Placement Liaison <input type="checkbox"/> 3. ESE teacher <input type="checkbox"/> 4. General education teacher <input type="checkbox"/> 5. Evaluation specialist	<input type="checkbox"/> 1. Custodial parent/guardian <input type="checkbox"/> 2. Student (if turning 14 years old during term of IEP or if otherwise appropriate) <input type="checkbox"/> 3. Home school administrator or designee <input type="checkbox"/> 4. DOP/AE Principal and ESE Contact from Alternative Education site <input type="checkbox"/> 5. Representative of agencies that may be responsible for providing transition services for students in 9th grade or higher or who are 16 years of age or older <input type="checkbox"/> 6. Translator [if appropriate] <input type="checkbox"/> 7. ELL Contact [if appropriate] <input type="checkbox"/> 8. SBT Case Liaison [if appropriate]

- B) At the meeting, the IEP Team:

- 1. Reviews current IEP, current academic interventions, and performance levels. Documents progress of mastery towards IEP goals and objectives to date.
- 2. Reviews Student Progress Monitoring Plan (PMP) (PBSD 1739 grades K-5 or PBSD 1687 for grades 6-12) [if appropriate]
- 3. Reviews SRI Student Progress Report [if appropriate]
- 4. Reviews current TERMS screens A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23, A24, and L24)
- 5. Determines whether student meets student profile for requested program
- 6. Decides on appropriate learning environment/placement for student
- 7. Determines whether the IEP can be implemented at the DOP/AE site

NOTE: An ESE student may not be unilaterally moved to a Dropout Prevention/Alternative Education site. A decision to recommend a Dropout Prevention/Alternative Education placement must be made by consensus of the IEP Team and parent/guardian agreement.

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Academic Interventions Referral
Procedures Checklist**

Student Name	Student ID #
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C) Current school ESE Contact and Area ESE/Alternative Education Placement Liaison coordinate the following completed items to be included in the Referral Packet.

- | | |
|---|--|
| <input type="checkbox"/> 1. All documentation for item B of this checklist | <input type="checkbox"/> 9. Most recent psycho-educational evaluation including copy of Parent Consent for Individual Student Evaluation (PBSD 0297) |
| <input type="checkbox"/> 2. DOP/AE Eligibility/Consent for Placement (PBSD 1546) parent/guardian signature required | <input type="checkbox"/> 10. <u>Updated</u> TERMS A23 screen reflecting |
| <input type="checkbox"/> 3. All Conference Records (PBSD 1051/1051A) pertaining to this referral | <input type="checkbox"/> new IEP and/or evaluation due dates |
| <input type="checkbox"/> 4. Parent Participation Notification form (PBSD 0298) | <input type="checkbox"/> revised ESE Matrix (PBSD 2000) [if appropriate] |
| <input type="checkbox"/> 5. New or updated IEP (PBSD 0659) | <input type="checkbox"/> DOP/AE Placement in progress |
| <input type="checkbox"/> 6. Prior Written Notice (Change of Placement/FAPE) (PBSD 1723) | <input type="checkbox"/> 11. <u>Updated</u> PMP (PBSD 1687 or PBSD 1739) [if appropriate] |
| <input type="checkbox"/> 7. ESE Matrix (PBSD 2000) | <input type="checkbox"/> 12. Teenage Parent Program - Documentation of pregnancy or birth |
| <input type="checkbox"/> 8. Most recent ESE Student Reevaluation (PBSD 1366) including copy of Parent Consent for Individual Student Reevaluation (PBSD 0939) | <input type="checkbox"/> 13. TERMS A06 screen, initialed and dated by school nurse, verifying immunization compliance |

D) Indicate which site/program the IEP Team is recommending
NOTE: The sending school is responsible for arranging transportation

**Academic Interventions
Middle School/9th Grade
Academy**

- Gold Coast (Grades 6-9)
- Crossroads Academy (Grades 6-9)

**Academic Interventions
High School**

- Crossroads Academy (Grades 9-12)
- Roosevelt Full Service Center (grades 9-12)

Diploma Options

- Standard Diploma
- Special Diploma
 - Option 1
 - Option 2

Teen Parent Programs

- Gold Coast
- Crossroads Academy
- Roosevelt Full Service Center
- Teleclass

E) Signing below indicates that (1) the Dropout Prevention/Alternative Education Referral Packet is complete; (2) the referred student meets the criteria for placement in the recommended program; (3) the referred student meets immunization requirements.

Signature of Principal

Date

Signature of DOP/AE, ESE Contact (sending school)

Date

Signature of Alternative Education Placement Liaison

Date

Forwarded to Dropout Prevention/Alternative Education

- By Pony**
- Hand-delivered**

Date

DROPOUT PREVENTION/ALTERNATIVE EDUCATION USE ONLY