



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
 DEPARTMENT OF DROPOUT PREVENTION/ALTERNATIVE EDUCATION (DOP/AE)

Regular Education Academic Interventions Referral Procedures Checklist

The Area Alternative Education (AE) Placement Liaison and the sending school's DOP/AE Contact review the Referral Packet, sign this checklist, and present it to the sending school's Principal for signature. The Area AE 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 Placement Liaison forwards a copy of the Referral 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		

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

A) Principal's designee schedules a School Based Team (SBT) meeting and invites the following:

- | | |
|--|--|
| <input type="checkbox"/> 1. Area Alternative Education Placement Liaison (attendance required)
<input type="checkbox"/> 2. DOP/AE Principal and Contact from desired Academic Intervention program
<input type="checkbox"/> 3. Custodial parent/guardian
<input type="checkbox"/> 4. Student
<input type="checkbox"/> 5. Regular Education Teacher | <input type="checkbox"/> 6. Guidance counselor
<input type="checkbox"/> 7. School administrator
<input type="checkbox"/> 8. 504 building designee [if appropriate]
<input type="checkbox"/> 9. ELL representative [if appropriate]
<input type="checkbox"/> 10. Translator [if appropriate]
<input type="checkbox"/> 11. SBT Case Liaison |
|--|--|

B) Current school principal's designee collects documentation of all the following that apply

- | | |
|--|---|
| <input type="checkbox"/> 1. Lack of academic success as evidenced by:
<input type="checkbox"/> a. Low test scores
<input type="checkbox"/> b. Retention
<input type="checkbox"/> c. Failing grades
<input type="checkbox"/> d. Progress Monitoring Plan (PMP) (PBSD 1739 or PBSD 1687) [if applicable]
<input type="checkbox"/> e. Low grade point average
<input type="checkbox"/> f. Falling behind in earning credits and/or
<input type="checkbox"/> g. Below state or district proficiency levels in reading, mathematics, or writing
<input type="checkbox"/> 2. SRI Student Progress Report | <input type="checkbox"/> 3. Pattern of excessive absenteeism or identification as an habitual truant
<input type="checkbox"/> 4. Poor socialization skills (non-disruptive behavior that does not result in chronic or serious rule infractions)
<input type="checkbox"/> 5. Parent/student request [may be documented on Conference/Staffing Record (PBSD 1051/1051A)]
<input type="checkbox"/> 6. 504 Accommodations Plan (PBSD 1595 - MS/HS) [if appropriate]
<input type="checkbox"/> 7. Teenage Parent Program only: documentation of pregnancy or birth
<input type="checkbox"/> 8. School Based Team (SBT) referral (PBSD 2106) |
|--|---|

Regular Education Academic Interventions Referral Procedures Checklist

Student Name	Student ID #
--------------	--------------

- C) Responsibilities of SBT during meeting:
- 1. Review documentation from item B of Checklist and attach all documentation
 - 2. Document in Conference/Staffing Records (PBSD 1051/1051A)
 - a. Previously implemented interventions recommended by SBT
 - b. Input from parent/guardian (if in attendance, via telephone, or in writing)
 - c. Review current TERMS screens (A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23, A24 and L24)
 - d. Determination of appropriate placement
- D) If the SBT recommends placement in an Academic Intervention Program, the sending Principal's designee and Area Alternative Education Placement Liaison coordinate the following items to be included with the Referral Packet:
- 1. Completed and signed Eligibility/Consent for Placement in a Dropout Prevention/Alternative Education Program (PBSD 1546) [custodial parent/guardian signature required]
 - 2. All documentation for items B and C of this checklist
 - 3. All Conference Records (PBSD 1051/1051A) pertaining to this DOP/AE referral
 - 4. Updated PMP (PBSD 1687 or PBSD 1739) signed by principal, teacher/guidance counselor and custodial parent/guardian (for any student currently failing Reading, English/Language Arts, or Mathematics and/or any student whose TERMS A08 screen indicates the need for a PMP)
 - 5. Updated 504 Accommodations Plan (PBSD 1595 - MS/HS) [if appropriate]
 - 6. TERMS A06 Screen, initialed and dated by school nurse, verifying immunization compliance
 - 7. Update the TERMS A23 screen to indicate that Alternative Education Placement is in progress

E) Indicate which site/program the team is recommending.
NOTE: Sending school is responsible for arranging transportation.

Middle School

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

High School

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

Teen Parent Program

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

F) 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 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