



New Prague Alternative Learning Center

405 1st Ave. NW

New Prague, MN 56071

Phone: (952) 758 -1745

Fax: (952)758 -1749

Student Referral Form

NAME _____ BIRTHDATE _____ GRADE _____

PARENT NAME _____

ADDRESS _____

PHONE NUMBER (HOME) (____) _____ WORK (____) _____

EMAIL _____

SCHOOL CONTACT: _____ PHONE: _____

RESIDENT DISTRICT: _____

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Student Strengths:

- | | | |
|--|--|---|
| <input type="checkbox"/> Listens | <input type="checkbox"/> Gifted academic performance | <input type="checkbox"/> Uses self control |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Accepts responsibility for own behavior | <input type="checkbox"/> Follows instructions |
| <input type="checkbox"/> Stays on task | <input type="checkbox"/> Asks for help | <input type="checkbox"/> Sets goals |
| <input type="checkbox"/> Deals with anger constructively | <input type="checkbox"/> Completes assignments | <input type="checkbox"/> Understand others feelings |
| <input type="checkbox"/> Interested in learning | <input type="checkbox"/> Expresses feelings | <input type="checkbox"/> Solves problems |
| <input type="checkbox"/> Gets along well with peers/adults | <input type="checkbox"/> Accepts consequences | <input type="checkbox"/> Works cooperatively |
| | <input type="checkbox"/> Shares ideas | <input type="checkbox"/> Stays out of fights |
| | | <input type="checkbox"/> Honest |

Other/Comments: _____

Student Concerns:

- | | | |
|---|---|---|
| <input type="checkbox"/> Socially isolated | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Pattern of ISS, OSS |
| <input type="checkbox"/> Pattern of poor peer relationships | <input type="checkbox"/> Poor self concepts | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Self mutilation | <input type="checkbox"/> Fighting/Assaultive |
| | <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Alcohol/Chemical abuse |

Other/Comments: _____

Truancy: Has truancy been filed? Yes or No If yes, date of filing: _____

Community or Legal Problems: Yes or No?

Name and phone number of probation officer: _____

Provide documentation for all areas:

1. Is the student going through expulsion, exclusion or voluntary withdrawal due to chemical use/possession or verbal threats or physical violence related to fights, weapons or assault?

YES _____ NO _____

2. Has the student previously been referred to the school's student assistance team or child study team?

YES _____ NO _____

3. Has a special education assessment or 504 plan been completed on this student? (Provide data even if the students did not qualify for services)

YES _____ NO _____

4. Has the student at anytime in their education been on an IEP or 504 plan?

YES _____ NO _____

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Are parents/guardians aware of this referral? Yes or No

Who made contact with them regarding the referral? _____

**Attach transcripts and immunization records for all students
Current IEP and Assessment must be attached for IEP students
Current 504 plan must be attached for 504 students**

Fax completed referral form to the New Prague Alternative Center (952)758-1749