

School _____

Date _____

STEP

ESU #15 Alternative Education Program

Referral Form

This page is to be filled out by the person making the referral. Return this form to the principal's or guidance counselor's office.

Name of Potential Student _____ SSN _____

Current Grade Level _____ Student's Date of Birth _____

Parent/Guardian Name _____

Mailing Address _____ City, State, Zip Code _____

Phone Numbers _____ Person making referral _____

Areas of Concern _____

- | | | |
|---|-----|----|
| 1. Is, or has this student ever been, in a special education program?
If yes, explain. | YES | NO |
| 2. Is this student at risk of dropping out of school? | YES | NO |
| 3. Does this student have a desire to earn a high school diploma? | YES | NO |
| 4. Has this student been suspended/expelled in the last year? If yes, why? | YES | NO |

Evaluate the student at the time of referral. Write one number for each behavior.

0=Never 1=Seldom 2=Sometimes 3=Usually 4=Always

- _____ Displays courteous behavior towards others
- _____ Cooperates with others
- _____ Appearance is neat and clean
- _____ Does what he/she is told without being told more than once
- _____ Uses appropriate language
- _____ Displays a positive attitude
- _____ Accepts constructive criticism
- _____ Respects the property of others

Please include any other information that is relevant to this referral on the back of this form.

Student Name _____

Date _____

Student Questionnaire

For ESU #15 Alternative Education Program and is to be filled out by the prospective student.

Date of Birth _____ Sex _____ Social Security # _____

Address _____ Phone #'s _____

City, State, Zip _____

Student place of work _____ Hours/Days worked _____

1. How can the STEP program meet your educational needs?

2. Have you had difficulty with school attendance? YES NO
If yes, why?

3. When do you expect to graduate?

4. What are your plans after you graduate?

5. Do you prefer to work by yourself, in a small group, or in a large group?

6. Which subjects do you prefer or excel in?

7. Which subjects do you need extra help in?

8. Are you on probation? YES NO

9. Are you involved with Health and Human services? YES NO Caseworker _____

10. Are you pregnant or an expectant father? YES NO

11. Do you have children? YES NO If yes, list names and ages _____

12. Do you have a driver's license? YES NO

13. What outside influences might interfere with your academic success?

STUDENT Signature _____ Date _____

Please include any other information that is relevant to this referral on the back of this form.

Student Name _____

Date _____

Parent/Guardian Questionnaire

For ESU #15 Alternative Education Program and is to be filled out by the parent/guardian of the prospective student. Please use the back of this paper if you need more room to answer the questions.

1. Why do you want your child placed in the STEP program?

2. What is your expectation for your child in this school?

3. Parent/student/staff meetings are required on a quarterly basis for continued attendance. Are you willing to attend these meetings? YES NO

4. When is the best time to reach you or to arrange meetings to discuss your child?

5. Are there any particular areas or activities in our program that you would like to become involved?

PARENT/GUARDIAN Signature _____ Date _____

Please include any other information that is relevant to this referral on the back of this form.