



**Alternative Education Referral Form
SY 2020 – 2021**

Student Name		Date	
OKCPS Student ID Number		Adjudicated	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of probation officer: _____
Reason for Alternative Education Referral	<input type="checkbox"/> Recovered Dropout <input type="checkbox"/> Excessive Absences (>10 absences per semester and has had intervention by Truancy Office) <input type="checkbox"/> Teen Parent (Student has had contact with Teen Parent Coordinator and determined need for Alt Ed) <input type="checkbox"/> Behavioral Difficulties (ongoing interventions attempted and unsuccessful-referrals attached) <input type="checkbox"/> Academic Deficiencies (>4 credits behind) <input type="checkbox"/> Referred by School Climate Officer		
Requested Alternative Site	Note: Final placement will be determined by the Alternative Education Committee and based on individual needs of the student. This placement may differ from the site requested by the parent/student below. Putnam Heights Academy requires ILD approval.		
Please rank your choice of campus. All attempts will be made to accommodate your first choice. ___ Emerson North (Grades 9-12) Address: 715 N. Walker, Oklahoma City, OK 73102 405-587-7900 ___ Emerson South (Grades 7-12) Address: 1401 S. Johnston Dr., Oklahoma City, OK 73119 405-587-7980 ___ Putnam Heights Academy (Grades 5-12) Address: 1601 NW 36th St, Oklahoma City, Oklahoma 73118 405-587-2700			
At-Risk Indicators Information checked here will help determine the types of services needed to best serve the student.	<input type="checkbox"/> Low socio-economic or minority status <input type="checkbox"/> Teacher, counselor, or principal referral <input type="checkbox"/> GPA below 2.0 (if so, write current GPA _____) <input type="checkbox"/> Retained at any point in education process <input type="checkbox"/> Credit deficiencies for graduating with cohort <input type="checkbox"/> 2 or less <input type="checkbox"/> 3-5 credits <input type="checkbox"/> 6-7 credits <input type="checkbox"/> >8 credits <input type="checkbox"/> State Testing deficiencies <input type="checkbox"/> Behavioral Interventions <input type="checkbox"/> ISS 2-5 times <input type="checkbox"/> ISS >5 times <input type="checkbox"/> OSS 1-2 times <input type="checkbox"/> OSS >3 times <input type="checkbox"/> Attendance (excluding medical and suspensions) <input type="checkbox"/> 10 days or less <input type="checkbox"/> 10 days or more <input type="checkbox"/> Personal crisis or trauma (ex. Drug/alcohol abuse, suicide attempts, placement outside of home abuse/neglect, pregnant/parenting) <input type="checkbox"/> Transience (past 3 years) <input type="checkbox"/> 2 schools <input type="checkbox"/> 3 schools <input type="checkbox"/> 4 or more schools <input type="checkbox"/> Oklahoma Juvenile Authority (OJA) involvement (If yes, please list in what capacity or violation _____) <input type="checkbox"/> Department of Human Services involvement (If yes, please list in what capacity _____) <input type="checkbox"/> Previously or currently involved in legal/court proceeding (If yes, please list when and what violation _____) <input type="checkbox"/> Previously or currently enrolled in an Alternative Education Program (If yes, please list the last date of attendance and where _____)		
Parent Signature		Date	
Student Signature		Date	
Administrator Signature		Date	



**Alternative Education Referral Form
SY 2020 – 2021**

Home School:		Referral Date:					
STUDENT INFORMATION							
Student Name:			Date of Birth:		OKCPS Student ID Number:		
	First Name	Last Name					
Current Grade Level:		Age:		Ethnicity:		Gender:	
				<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Two or more races	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Neutral		
Home Address:							
	Street	City	State	Zip			
Home Phone:			Mobile Phone:				
Parent/Guardian Name:				Is transportation needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the length of suspension?				
Additional Student Data and Information	Previous Semester's GPA:		Number of Credits:				
	Is the student chronically Absent?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, include the Attendance Committee Report with the referral		
	Does this student have an IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No		ELL <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is IEP/Re-evaluation current?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Most recent WIDA score:		
	Completed the Written Notice for change placement?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Child lives at permanent address with parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is this student self-contained?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this student monitored only?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Cohort Year							
What interventions have been tried or suggested before this referral?							
Administrator Signature:				Date:			



Check List

Student Name: _____ D.O.B. _____

Student ID: _____ Grade Level: _____

Please Include the Following:

Yes	No	Documents
<input type="checkbox"/>	<input type="checkbox"/>	Completed application with 3 choices in preference order
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Record for present term
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Committee Report if Chronically Absent
<input type="checkbox"/>	<input type="checkbox"/>	Transcript/Grades
<input type="checkbox"/>	<input type="checkbox"/>	IEP & MEEGS (if required) – Current and in compliance
<input type="checkbox"/>	<input type="checkbox"/>	Completed Written Notice for Change of Placement (if required)
<input type="checkbox"/>	<input type="checkbox"/>	504 Plan (if required) – Current and in compliance
<input type="checkbox"/>	<input type="checkbox"/>	Shot Records – Current and in compliance

Reviewed by: _____

Referred by Principal: _____

Please submit the requested documents via email to cdtompkins@okcps.org and cc jireed@okcps.org, ajlewis@okcps.org, and swnelson@okcps.org