Brookings-Harbor
School District 17C

Code: **IGBHC-AR**
Adopted: 10/22/03

School Year Authorization for Student Placement in an Alternative Education Program or Activity

NOTE: Prior to this form being completed, the student must have been referred for an evaluation of his or her eligibility to receive alternative programming or services based upon established district criteria.

This Authorization Form must be approved by the building principal prior to student placement in any alternative program or activity. Placement may only begin on (or after) the date this form has been approved. The district shall not be obligated to provide financial support for any alternative program placement which is not authorized by the building principal, after the required referral and evaluation process has determined the eligibility of the student for such services. Authorization for placement in any alternative program or activity expires semi-annually and must be reevaluated and reauthorized at the end of the first term and/or at the end of the school year.

Student _____ **Male** _____ **Female** _____
Last First MI

Address _____
Street City State Zip

Date of Birth _____ **Present Age** _____

Present School _____ **Present Grade Level** _____

Name(s) of Parent or Guardian _____

Home Phone _____ **Emergency Phone** _____

Reason for Placement is Based Upon the Following Criteria:

- **( ) Erratic attendance, not benefitting from education program.**
- **( ) Second severe discipline problem within a three-year period.**
- **( ) It is necessary to meet a student's educational needs and interests.**
- **( ) Considering expulsion as a disciplinary alternative.**
- **( ) The student has been expelled. Length:** _____
- **( ) Other Reason (describe)** _____

Date of Initial Referral: _____

Initially Referral by: _____

Reason for Initial Referral: _____

Placement is Authorized for: _____ **Other:** _____

( ) Full Day ( ) Half Day: Note: If placement is for half-day, describe other components of placement if any:

_____

Signature of parent indicating notification of placement: _____

Date by which First Reevaluation is to be Conducted: _____

Signature of building principal: _____

NOTE: Original of this form (on blue paper) is to be kept on file at school office. Copy to be sent to the superintendent, and also given to student or parent/guardian to be presented to the alternative program service provider when the student is enrolled at that site.