

**Beebe Schools**  
**2023-24 AE Referral Packet Cover Sheet**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_





### AE Referral Packet “Completion Instructions @ a Glance”

- **ALL FIELDS MUST BE COMPLETED IN FULL.**
- School's RTI team will refer students to the AE program
- School official completes pages 4-6
- Pages 7-8 are completed by the RTI team ONLY if school DOES NOT have RTI data to submit.
- Pages 9-10 are completed ONLY if the student has an IEP or 504. These pages should be completed by SPED designee/teacher or administrator.
- Pages 13-28 (Student History Report) should be provided to each of the student's teachers to be submitted individually to person submitting the referral packet. There are eight forms built into this packet so if more copies are needed, please make them and provide to each of the student's teachers.
- Page 19 (Schedule Request) should be completed by the counselor.
- The Referring School submits AE Referral Packet to AE campus designee for review. *Designee will contact Referring School administration (**within 5 business days**) to establish a mutually agreed upon time to have referral conference.*
- Placement team determines if AE is a good placement for the student. If so, placement paperwork is completed at the referral conference.

# **Beebe Schools Alternative Education Referral Packet**



## **Step 1: The Referring School Interventions**

The Referring School Team identifies a student exhibiting needs that could not be addressed sufficiently through the Referring School's intervention process (RTI, PBIS, etc).

## **Step 2: Parent Contact and Referral Packet Submission**

**The Referring School Team discusses with parent the possibility of attending AE campus and begins the AE referral process by completing the AE referral packet in its entirety and submitting all needed documents. Please refer to the contact list at the end of the AE referral packet to know where to submit your documents.**

## **Step 3: AE Administrator receives, reviews and makes contact with Referring School Administrator**

When the packet is received (Step 2), the AE Administrator will review it and call to schedule the AE referral conference (*expect contact within 5 business days of receiving the AE Referral Packet*). The completed AE Referral Packet is required prior to scheduling the AE Referral Conference.

## **Step 4: Referral Conference**

According to state guidelines, no student may be assigned to AE without having an AE Referral Conference with the following persons in attendance: Referring School Administrator, Counselor, Teacher, SPED/504 Rep (if applicable), Parent, AE Campus Admin/Rep and Student (optional). (Note: Refer to Section 4.02.2 of AE Rules and Regs)

Please designate 45 min to 1 hour to complete the AE Referral Conference. *For students receiving special education services, this will also be a separate program review conference to discuss change of location to the AE program.* During the conference the following items must be completed: Demographic Information and Mental Health Forms.

## **Step 5: Placement**

AE Placement will be determined at the AE Referral Conference. If the Referral Team determines that the student qualifies for placement, the student will become a student of the AE Campus. The Beebe School AE Campus operates as an extension of the school;. Thus, the student will remain a student of the Referring School, and the Referring School will still have responsibilities for the student (refer to responsibility list). The development of the Student Action Plan (SAP) is critical to the student and must be done per AE Rules and Regs (4.02.4) Make sure to mark the assignment decision on the placement conference packet.

## **Step 6: Transition**

In the ideal situation, students will attend AE and meet or exceed the goals outlined in their SAP. When these goals have been met or exceeded, the student may be recommended for transition back to their Referring School. The AE staff will meet and determine if the student should be recommended for transition back to the Referring School. This recommendation will be sent to the Referring School accompanied by reasons for the recommendation. The parent will be notified, and a conference will be scheduled and held to transition the student back to his/her Referring School district.

Please use the link below to access the rules and regulations for AE.

[Arkansas Department of Education Rules Governing the Distribution of Student Special Needs and unding the Dermination of Allowable Expenditures of those Funds](#)

# Beebe Schools Alternative Education Referral Packet



## AE Referral Checklist

Student: \_\_\_\_\_ ID # \_\_\_\_\_ Grade: \_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Select One:  SPED  504  None

### **To expedite the process, the administrator should act immediately on the following:**

- Send a copy of the AE referral packet to those listed on the email contact form
- Distribute Student History reports to ALL teachers for completion
- Gather the remaining documentation required to complete the Referral for placement process
  - AE Referral Notice referencing information leading to referral for AE\*
  - E-School Summary page (demographic information)\*
  - Attendance Report \*
  - Grades in Progress\*
  - Student Success Plan and/or IRI (for elementary students)
  - Transcript & Report Card \*
  - Schedule Request \*
  - Credit Review Worksheet (High School Only)
  - Summary of Discipline Report \*
  - Functional Behavior Assessment & Behavior Plan (if applicable)
  - Student History Reports completed by student's teachers \*
  - Interventions prior to AE Referral \* (*Please include a copy of all documented interventions that led up to the referral for AE*)

### **Additional Requirements for Special Education and 504 Students:**

- Conference documents of any IEP meeting discussing placement in AE Program \*
- 504 Accommodation Plan and initial 504 eligibility documents \*\*
- Functional Behavior Assessment & Behavior Intervention Plan \*\*
- Current IEP for Special Education Students \*\*
- Documents of the results from any Manifestation Determination
- Fax/Mail/Scan/Deliver a completed copy of the entire Expulsion Recommendation Notice to AE (*see contacts page for phone, fax and email information*)

\* Denotes a required document for all students

\*\* Denotes a required document for students with a 504 Plan/IEP

Any student not having the proper documents submitted will not be considered for AE placement until documentation is complete. If you have any questions, please email or call the AE supervisor that partners with your school. Thanks for your assistance in ensuring our students receive the individualized education needed to promote a successful transition through our program!

# Beebe Schools Alternative Education Referral Packet



## Demographic Information

Student: \_\_\_\_\_ ID # \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Referring School: \_\_\_\_\_

Referral initiated by: \_\_\_\_\_

Referral Received on: \_\_\_/\_\_\_/\_\_\_

Placement Conference Scheduled for: \_\_\_/\_\_\_/\_\_\_

Parent Name(s)		
Address		
Home Phone:	Cell Phone:	Work Phone

If this student has been suspended, please indicate the number of days:

OSS	ISS
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Has the Student completed the Civics Test? \_\_\_Yes \_\_\_No

Select One:

___ SPED	___ 504	___ None
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Please describe the reason(s) this student is being referred for placement in the AE Program. **Reason(s) should be precise and documentation should be factual and specific.** Placement cannot be made due to behavior or academics alone,

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# Beebe Schools Alternative Education Referral Packet



Response to Intervention (RTI) / Interventions attempted prior to referral:

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Have you notified the parent of the referral to AE? \_\_\_ Yes \_\_\_ No

Referring Person's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

THE FOLLOWING INFORMATION IS INCLUDED AS PART OF THE REFERRAL PROCESS:

*ADE Data Center / Student GPS will have **ALL** of the items below. (Print and attach.)*

<input type="checkbox"/> IEP (If applicable)	<input type="checkbox"/> Transcripts
<input type="checkbox"/> Test Scores	<input type="checkbox"/> Documented Prior Interventions
<input type="checkbox"/> Latest Quarterly & State test results	<input type="checkbox"/> Discipline Record
<input type="checkbox"/> Current Grades	<input type="checkbox"/> Class Schedule
<input type="checkbox"/> Attendance Record	<input type="checkbox"/> Student Success Plan (If applicable)
<input type="checkbox"/> 504 Plan (If applicable)	<input type="checkbox"/> Emergency Contact Information

# **Beebe Schools Alternative Education Referral Packet**



To be an eligible AE student, a student must exhibit **two (2) or more** of the characteristics identified in Section **4.02.1.1** and Section **4.02.1.2** of the Arkansas Department of Education rules governing AE programs. Students will not be assigned to the AE based on academic or behavior problems alone.

Section 4.02.4.4 of the ADE AE Rules and Regulations states that documentation of the presence of referring characteristics listed in sections 4.02.1.1 and/or 4.02.1.2 for which the student is referred for AE placement must be provided.

## **Please Mark All That Apply**

**\*4.2.1.1 Situations that negatively affect the student’s academic and social progress may include, but are not limited to:**

- 4.02.1.1.1 Ongoing, persistent lack of attaining proficiency levels in literacy and mathematics;
- 4.02.1.1.2 Abuse: physical, mental, or sexual;
- 4.02.1.1.3 Frequent relocation of residency;
- 4.02.1.1.4 Homelessness;
- 4.02.1.1.5 Inadequate emotional support;
- 4.02.1.1.6 Mental/physical health problems;
- 4.02.1.1.7 Pregnancy; or
- 4.02.1.1.8 Single parenting (Student has a child)

**\*4.2.1.2 Students placed at risk, though intelligent and capable, typically manifest one or more of the following characteristics:**

- 4.02.1.2.1 Personal or family problems or situations;
- 4.02.1.2.2 Recurring absenteeism;
- 4.02.1.2.3 Dropping out from school; or
- 4.02.1.2.4 Disruptive behavior.

**State all reasons for referral:**

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# Beebe Schools Alternative Education Referral Packet

## Beebe Schools AE Tiered Interventions Checklist



Please attach documentation of the interventions attempted

Date \_\_\_/\_\_\_/\_\_\_

**Identifying Behavior:**

### Interventions Attempted

<b>Tier 1: Behavior Interventions</b>	Breaks	Acknowledge Positive Bx*	Give Choices
	Consistent Consequences	Positive Parent Contact	Simple Incentive/Reward
	Avoid Power Struggles	Ignore	Change Seating
	Office Referral	Model Correct Bx	Provide Clear Directions
	Speak in Calm Tones	Redirection	Use Daily Planner
	Take Away Privileges	Proximity	Eye Contact
	Help Start Assignments	Stop, Walk, Talk	Forced Choice Reinforcement Survey
	Praise	Reduce Assignment	
<b>Tier 2 &amp; 3 Behavior Interventions</b>	Bx Contract	Functional Bx Assessment	Reflection Sheet
	Bx Intervention Plan	Mentoring	Self-Monitoring
	Bx Meeting	Non-Verbal Cues/Signals	Sensory Tools
	Structured Breaks	No Passing Time	Social Stories
	Check In/Out	Organizational Tools	Teach:
	Collab w/MH or Doc	RTI	Conflict Resolution
	Daily Bx Form	Incentive System	Coping Skills
	Peer Tutoring	Group Counseling	Relationship Skills
	Access to Cool Down Area	Token Board	Relaxation Techniques
	If/Then	Ind. Interventions	Social Stories
	Collab w/Parole/FINS Officer	Collab w/OT/PT/ST	Time Out (Structured)
	Behavior Spec. Consult		
<b>Academic Interventions</b>	Pacing Guides	Sent Assignment Home	1 on 1 Assistance
	Study Guides	Feedback, Then Retry	ConnectCare
	Extra Time	Access to Extra Points	Assignment Planner
	Modified Assignments	No Failure Packet	P/T Conference
	Ability to Work from Home	Allowed Calculator	Academic Team Meeting
	Allowed to Work in Alternate Room/Area	Seated Away From Distractions	Contact Regional Supervisor
	Print Off Work	Flexible Seating	Contact Administration
	Visual Schedules		

\*Bx = Behavior



**Beebe Schools Alternative Education Referral Packet**



**List Any Other Interventions Used:**

A large, empty rectangular box with a black border, intended for listing interventions.

# Beebe Schools Alternative Education Referral Packet



**Please complete the following steps for students receiving Special Education services ONLY.**

- **Step 1: Provide a copy of the IEP for the last 3 years** (*if student has been identified for that time period*) to AE Campus.
- **Step 2: If the student is being referred for disruptive behavior or behavior-related criteria, attach a copy of the Functional Behavior Assessment and Behavior Plan.**
  - Provide a copy of the student’s behavior goal(s), if applicable to the IEP.
  - Provide a copy of data collected on the implementation of the behavior intervention plan. (*If the student is being referred to AE, and one of the criteria is disruptive behavior or behavior-related, an FBA and behavior plan must be included in order for consideration for assignment.*)
- **Step 3: Provide goals and objectives for related services** (if applicable).
  - Who will be providing those services? Please provide contact information.

- **Step 4: Provide information of the qualifying disability or disabilities.** (*Psychological examiner’s report, FBA, overview of disability, etc.*)
- **Step 5: If “Other Health Impaired” is outlined in the IEP, provide information about the qualifying condition.**
- **Step 6: Provide information on total days as well as for what behaviors the student has been suspended prior to referral.**
  - Provide information regarding manifestation determination meetings. (*Note: if prior manifestations have been completed, provide copies of the outcome.*)
  - List and provide contact information for the district administrator that will provide information to the AE campus on future suspensions given by the Referring School (*bus problems, problems while on campus or school events, etc.*). (*Note: Referring Schools are responsible for ensuring that total number of days does not exceed 10 days in a school year, and if so, the Referring School is responsible for holding a manifestation determination meeting.*)
- **Step 7: List and provide contact information for who will be responsible from the Referring District for administering all SPED related assessments.** (*EYS, annual review assessment data, etc.*) (*NOTE: AE staff will not be administering assessments. Students should be tested at the referring school, the referring school will send a person to assess the student data on the AE campus.*)

# Beebe Schools Alternative Education Referral Packet



I certify that the information provided is accurate to the best of my knowledge. I understand that providing inaccurate information may delay the referral process for this student.	
Printed Name	Phone
Email:	
Signature & Date:	

*If the person completing this form is not the building administrator, please have the building administrator review the form and sign below:*

Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For AE Use Only</i>
AE Representative: _____
Determination of Eligibility (Does this student qualify for placement? <input type="checkbox"/> Yes <input type="checkbox"/> No)
Notes:

# Beebe Schools Alternative Education Referral Packet



Please complete the following steps for students receiving **504 services ONLY**.

- **Step 1: Provide a copy of 504 Accommodation Plan to AE Campus**
- **Step 2: If the student is being referred for disruptive behavior or behavior-related criteria, attach a copy of the Functional Behavior Assessment and Behavior Plan. Provide a copy of data collected on the implementation of the behavior intervention plan. (*If student is being referred to AE and one of the criteria is disruptive behavior or behavior related, an FBA and behavior plan must be included in order for consideration for assignment.*)**
- **Step 3: Provide goals and objectives for related services (if applicable).**
  - Who will be providing those services? Please provide contact information.
- **Step 4: Provide information of the physical or mental impairment that substantially limits a major life activity.**
- **Step 5: Provide information on total days and for what behaviors the student has been suspended prior to referral.**
  - Provide information regarding manifestation determination. (*Note: if prior manifestation determinations have been completed, provide copies of the outcome.*)
  - List and provide contact information for the district administrator who provide information to AE on future suspensions given by the sending school (*Note: Sending schools are responsible for ensuring that total number of days does not exceed 10 days in a school year, and if so, the sending school is responsible for holding a manifestation determination.*)

I certify that the information provided is accurate to the best of my knowledge. I understand that providing inaccurate information may delay the referral process for this student.

Printed Name	Phone
Email:	
Signature & Date:	

*If the person completing this form is not the building administrator, please have the building administrator review the form and sign below:*

Building Administrator: \_\_\_\_\_ Date Reviewed: \_\_\_/\_\_\_/\_\_\_

*Please submit this form to your school ALE representative. Once this form is received, it will be reviewed, you will be contacted within five business days concerning eligibility for placement.*

*For AE Use Only*

AE Representative: \_\_\_\_\_

Determination of Eligibility (Does this student qualify for placement? \_\_\_ Yes \_\_\_ No)

Notes:

**Beebe Schools Alternative Education Referral Packet**



**(CONFIDENTIAL)**  
**BB AE Referral Student History Report**

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Subject: \_\_\_\_\_ Period/Time: \_\_\_\_\_

Please return this form to \_\_\_\_\_ (Administrator) by \_\_\_\_\_ (Date).

This report should be completed by all classroom teachers and returned to the administrator. Administration should then add this form to the student's referral packet.

**ACADEMIC PERFORMANCE AND WORK HABITS**

Mark all that apply

Current Grade \_\_\_\_\_ (%):

<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Failing grades on assignments
<input type="checkbox"/>	Sporadic	<input type="checkbox"/>	Assignments not returned
<input type="checkbox"/>	Unorganized	<input type="checkbox"/>	Incomplete work
<input type="checkbox"/>	Wastes class time	<input type="checkbox"/>	Work turned in late
<input type="checkbox"/>	Neglects homework	<input type="checkbox"/>	Unprepared
<input type="checkbox"/>	Needs to study	<input type="checkbox"/>	Daily assignments of poor quality

**\*If the student has a low grade, please mark what factors contribute:**

\_\_\_ Tests \_\_\_ Projects \_\_\_ Homework \_\_\_ Absences \_\_\_ Other (Explain) \_\_\_\_\_

\* Does this student receive any modifications/accommodations: \_\_\_ Yes \_\_\_ No

**ATTITUDE AND CONDUCT**

<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Daydreams	<input type="checkbox"/>	Responds negatively to correction
<input type="checkbox"/>	Temper Flares up	<input type="checkbox"/>	Outbursts	<input type="checkbox"/>	Obscene language
<input type="checkbox"/>	Appears Depressed	<input type="checkbox"/>	Unrealistic Goals	<input type="checkbox"/>	Improved
<input type="checkbox"/>	Courteous	<input type="checkbox"/>	Disruptive	<input type="checkbox"/>	Does not take responsibility for actions
<input type="checkbox"/>	Defiant	<input type="checkbox"/>	Defensive	<input type="checkbox"/>	Contributes to Discussion
<input type="checkbox"/>	Inattentive	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	Not serious about work
<input type="checkbox"/>	Talks back to Teacher	<input type="checkbox"/>	Cheating	<input type="checkbox"/>	Disrespectful to peers
<input type="checkbox"/>	Mood swings	<input type="checkbox"/>	Fights	<input type="checkbox"/>	Responds positively to corrections

# Beebe Schools Alternative Education Referral Packet



Attendance:    ___ Perfect    ___ Regular    ___ Poor	Days Absent: _____ Days Tardy: _____
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Comments:

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Classroom Interventions Used:

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Teacher's Signature \_\_\_\_\_

**Beebe Schools Alternative Education Referral Packet**



**(CONFIDENTIAL)**

**BB AE Referral Student History Report**

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Subject: \_\_\_\_\_ Period/Time: \_\_\_\_\_

Please return this form to \_\_\_\_\_ (Administrator) by \_\_\_\_\_ (Date).

This report should be completed by all classroom teachers and returned to the administrator. Administration should then add this form to the student's referral packet.

**ACADEMIC PERFORMANCE AND WORK HABITS**

Mark all that apply

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<input type="checkbox"/>	Needs to study	<input type="checkbox"/>	Daily assignments of poor quality

**\*If the student has a low grade, please mark what factors contribute:**

\_\_\_ Tests \_\_\_ Projects \_\_\_ Homework \_\_\_ Absences \_\_\_ Other (Explain) \_\_\_\_\_

\* Does this student receive any modifications/accommodations: \_\_\_ Yes \_\_\_ No

**ATTITUDE AND CONDUCT**

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# Beebe Schools Alternative Education Referral Packet



Attendance:    ___ Perfect    ___ Regular    ___ Poor	Days Absent: _____ Days Tardy: _____
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Comments:

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Classroom Interventions Used:

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Teacher's Signature \_\_\_\_\_



**Beebe Schools Alternative Education Referral Packet**



**(CONFIDENTIAL)**

**BB AE Referral Student History Report**

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Subject: \_\_\_\_\_ Period/Time: \_\_\_\_\_

Please return this form to \_\_\_\_\_ (Administrator) by \_\_\_\_\_ (Date).

This report should be completed by all classroom teachers and returned to the administrator. Administration should then add this form to the student's referral packet.

**ACADEMIC PERFORMANCE AND WORK HABITS**

Mark all that apply

Current Grade \_\_\_\_\_ (%)

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**\*If the student has a low grade, please mark what factors contribute:**

\_\_\_ Tests \_\_\_ Projects \_\_\_ Homework \_\_\_ Absences \_\_\_ Other (Explain) \_\_\_\_\_

\* Does this student receive any modifications/accommodations: \_\_\_ Yes \_\_\_ No

**ATTITUDE AND CONDUCT**

<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Daydreams	<input type="checkbox"/>	Responds negatively to correction
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Attendance:    ___ Perfect    ___ Regular    ___ Poor	Days Absent: _____ Days Tardy: _____
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Comments:

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Classroom Interventions Used:

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Teacher's Signature

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**Beebe Schools Alternative Education Referral Packet**



**(CONFIDENTIAL)**  
**BB AE Referral Student History Report**

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Teacher: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Subject: \_\_\_\_\_ Period/Time: \_\_\_\_\_

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This report should be completed by all classroom teachers and returned to the administrator. Administration should then add this form to the student's referral packet.

**ACADEMIC PERFORMANCE AND WORK HABITS**

Mark all that apply

Current Grade \_\_\_\_\_ (%)

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**\*If the student has a low grade, please mark what factors contribute:**

\_\_\_ Tests \_\_\_ Projects \_\_\_ Homework \_\_\_ Absences \_\_\_ Other (Explain) \_\_\_\_\_

\* Does this student receive any modifications/accommodations: \_\_\_ Yes \_\_\_ No

**ATTITUDE AND CONDUCT**

<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Daydreams	<input type="checkbox"/>	Responds negatively to correction
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**Beebe Schools Alternative Education Referral Packet**



Attendance:    ___ Perfect    ___ Regular    ___ Poor	Days Absent: _____ Days Tardy: _____
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Comments:

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Classroom Interventions Used:

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Teacher's Signature \_\_\_\_\_

**Beebe Schools Alternative Education Referral Packet**



**(CONFIDENTIAL)**

**BB AE Referral Student History Report**

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Subject: \_\_\_\_\_ Period/Time: \_\_\_\_\_

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This report should be completed by all classroom teachers and returned to the administrator. Administration should then add this form to the student's referral packet.

**ACADEMIC PERFORMANCE AND WORK HABITS**

Mark all that apply

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**\*If the student has a low grade, please mark what factors contribute:**

\_\_\_ Tests \_\_\_ Projects \_\_\_ Homework \_\_\_ Absences \_\_\_ Other (Explain) \_\_\_\_\_

\* Does this student receive any modifications/accommodations: \_\_\_ Yes \_\_\_ No

**ATTITUDE AND CONDUCT**

<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Daydreams	<input type="checkbox"/>	Responds negatively to correction
<input type="checkbox"/>	Temper Flares up	<input type="checkbox"/>	Outbursts	<input type="checkbox"/>	Obscene language
<input type="checkbox"/>	Appears Depressed	<input type="checkbox"/>	Unrealistic Goals	<input type="checkbox"/>	Improved
<input type="checkbox"/>	Courteous	<input type="checkbox"/>	Disruptive	<input type="checkbox"/>	Does not take responsibility for actions
<input type="checkbox"/>	Defiant	<input type="checkbox"/>	Defensive	<input type="checkbox"/>	Contributes to Discussion
<input type="checkbox"/>	Inattentive	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	Not serious about work
<input type="checkbox"/>	Talks back to Teacher	<input type="checkbox"/>	Cheating	<input type="checkbox"/>	Disrespectful to peers
<input type="checkbox"/>	Mood swings	<input type="checkbox"/>	Fights	<input type="checkbox"/>	Responds positively to corrections

# Beebe Schools Alternative Education Referral Packet



Attendance:    ___ Perfect    ___ Regular    ___ Poor	Days Absent: _____ Days Tardy: _____
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Comments:

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Classroom Interventions Used:

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Teacher's Signature \_\_\_\_\_

**Beebe Schools Alternative Education Referral Packet**



**(CONFIDENTIAL)**

**BB AE Referral Student History Report**

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Subject: \_\_\_\_\_ Period/Time: \_\_\_\_\_

Please return this form to \_\_\_\_\_ (Administrator) by \_\_\_\_\_ (Date).

This report should be completed by all classroom teachers and returned to the administrator. Administration should then add this form to the student's referral packet.

**ACADEMIC PERFORMANCE AND WORK HABITS**

Mark all that apply

Current Grade \_\_\_\_\_ (%):

<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Failing grades on assignments
<input type="checkbox"/>	Sporadic	<input type="checkbox"/>	Assignments not returned
<input type="checkbox"/>	Unorganized	<input type="checkbox"/>	Incomplete work
<input type="checkbox"/>	Wastes class time	<input type="checkbox"/>	Work turned in late
<input type="checkbox"/>	Neglects homework	<input type="checkbox"/>	Unprepared
<input type="checkbox"/>	Needs to study	<input type="checkbox"/>	Daily assignments of poor quality

**\*If the student has a low grade, please mark what factors contribute:**

\_\_\_ Tests \_\_\_ Projects \_\_\_ Homework \_\_\_ Absences \_\_\_ Other (Explain) \_\_\_\_\_

\* Does this student receive any modifications/accommodations: \_\_\_ Yes \_\_\_ No

**ATTITUDE AND CONDUCT**

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<input type="checkbox"/>	Temper Flares up	<input type="checkbox"/>	Outbursts	<input type="checkbox"/>	Obscene language
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Teacher's Signature \_\_\_\_\_



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Teacher's Signature \_\_\_\_\_

**Beebe Schools Alternative Education Referral Packet**



**(CONFIDENTIAL)**

**BB AE Referral Student History Report**

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Teacher: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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Classroom Interventions Used:

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Teacher's Signature \_\_\_\_\_

# Beebe Schools Alternative Education Referral Packet



## AE Schedule Request

Please refer to our course descriptions:

Date:	Student Name:	Traditional School:	Grade:
Courses Requested: Please place course description name on appropriate subject			
	Course Requested Sem 1	Course Requested Sem 2	
English:			
Math:			
Social Studies:			
Science:			
Business:			
Physical Ed:			
The Traditional School <b>MUST</b> select electives from the Course Catalog for the student to take. You can provide a list of options. However, we <b>DO NOT</b> choose electives.			
Electives			
Electives			
Electives			
Electives			

Counselor's Name: \_\_\_\_\_

Counselor's Phone: \_\_\_\_\_

Counselor's Email: \_\_\_\_\_

*Please sign below stating that these are the requested courses for this student.*

Counselor/Designee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# Beebe Schools Alternative Education Referral Packet



## Email Contact Page

In completing the placement paperwork, this information is essential. It is how we will be able to send the placement packet for signatures to all attendees. Please complete each requested email to help us expedite and complete the placement meeting with all signatures as required by the AE rules and regulations. Thanks!

\*\*\*If the student has an IEP/504, please indicate the name & email of the staff member that will attend.\*\*\*

	Name	Email Address
Student:		
Parent:		
Parent:		
Counselor:		
Referring School Administrator		
AE School Administrator		
IEP/504 Staff:		
Other:		
Other:		