

Powell County Academy Notification

STUDENT _____	AGE _____	BIRTHDATE _____
SCHOOL _____	GRADE _____	GENDER _____ RACE _____
NAME OF PARENT/GUARDIAN _____		
EMAIL ADDRESS/HOME _____		EMAIL ADDRESS/WORK _____
MAILING ADDRESS _____	PHONE WORK _____	HOME _____

Dear Parent/Guardian,

This letter is to notify you that your son/daughter has been assigned to the Temporary Instructional Setting _____ Placement. Reason(s) _____ for the assignment include: _____

Your child has been assigned a minimum of _____ school days to the Powell County Academy.

Your child's team looks forward to meeting with you to discuss development or amendment of the individual learning plan addendum for your child, and other matters related to provision of alternative education program services. The meeting will take place on _____ (DATE) at _____ (TIME) at _____ (LOCATION). If you are unable to attend at this time, please contact the Powell County Academy Director at (606) 663-3505 to reschedule the meeting. It is important to hold this meeting as soon as possible so your child's education is not interrupted.

If you have questions, please contact me. Otherwise, please contact me to let me know if you will be attending this important meeting.

Sincerely,

Signature of School Personnel

Date

Contact's Telephone: _____

Contact's Email: _____

ADMINISTRATIVE NOTE: Changes in educational placement for students identified under the IDEA or Section 504 shall be implemented consistent with applicable legal requirements.

Temporary Instruction Setting Placement Forms**Powell County Academy
Student Referral Form**

Last Name:		First:	Grade:	Date of Birth:
Current Placement:			Date of Referral:	
Parent/Guardian:	Phone:		IEP or 504: Yes No Category of Disability:	
Known medical conditions/ Medications:			If IEP Student, was ARC held prior to referral? Yes No	
Has student been retained? If yes, what grade(s)?				
Date student is to begin:			Date student is anticipated to return to base school:	
REASON(S) FOR REFERRAL <i>please give all reasons</i>				
☐	Verbal Warning	☐	After-School Detention: # of days:	
☐	Parent phone call: Date(s)	☐	In-School Suspension: # of days:	
☐	Parent notification by letter: Date(s)	☐	Out-of-School Suspension: # of days:	
☐	Conference with Parent/Guardian: Date(s)	☐	Reduced student:teacher ratio	
☐	Conference with student and teacher(s)	☐	Meeting with school counselor(s)	
☐	Other Action(s):			
Is student receiving services from an agency? ☐ Y ☐ N Name of Agency: Case Manager:				
Is student involved with law enforcement? ☐ Y ☐ N Reason:				
What is the current attitude of student regarding PCA placement?				
With whom does the student live?				
Are there any home environment concerns that are known to have an influence on the student's actions or ability to learn and function with other students?				
Is there anything else that the Director and Staff of the Powell County Academy need to know to make a successful transition for the student to the PCA?				
☐ PCA Director ☐ Counselor of Referring School ☐ Director of Pupil Personnel ☐ Director of Special Education ☐ Migrant Coordinator ☐ Drop Out Prevention Coordinator ☐ Superintendent (Superintendent REQUIRED for a 6 th grade Referral) ☐ Other:				

Temporary Instructional Setting Placement Forms**The Powell County Academy
Student Agreement**

The Powell County Academy agrees to provide _____ (student) with an educational program that addresses the problems that have necessitated placement in the school program. The student understands the rules and expectations of the Powell County Academy as well as possible consequences as outlined below:

Rules/Expectations

1. I will treat myself and others with respect.
2. I will work to the best of my abilities.
3. I will follow the rules in regards to cell phones.
4. I am expected to attend school without unexcused absences.
5. I am expected to maintain good academic standing.
6. I am expected to refrain from being a discipline problem.
7. I am expected to go to an adult when I am frustrated or feeling like I may become out of control.

Consequences

1. Loss of break
2. After School Detention
3. In-School Isolation
4. Saturday School
5. Suspension
6. Arrest
7. Expulsion
8. Other privilege loss and consequences will be determined by the Level System.

I also understand that all violations of Powell County Board of Education policy will follow discipline guidelines set forth in the Student Handbook and Code of Conduct.

I, _____, agree that the Powell County Academy's program has been fully explained to me and my parents/guardians and do agree to cooperate fully with the rules of the school as outlined by administration and parent/student orientation packet.

Student Signature

Date

PCA Director

Date

Temporary Instructional Setting Placement Forms**The Powell County Academy
Parent/Guardian Agreement**

The Powell County Academy (PCA) agrees to provide _____ (student) with an educational program that addresses the problems that have necessitated placement in this school.

I, _____ (parent/guardian), agree that the Powell County Academy's program has been fully explained to my child and I, and I agree to cooperate with the program as follows:

1. Agree to work with PCA staff to ensure student success by being involved with student's school experience. I agree to ensure good attendance, call when the student is absent, and encourage good grades and work habits. I will also make staff aware of any situation which may hinder student success.
2. Will reimburse PCA for purposefully damaged texts, workbooks, or other school property.
3. Agree to the cell phone/electronics policy as explained in the level system.
4. Agree to follow all other District policy and procedures and have been provided a Powell County School Student Code of Conduct and District Handbook.

Parent/Guardian Signature

Date

PCA Director Signature

Date

Review/Revised:4/14/2014