



Alternative Education Referral Form
Office of Pupil Personnel Services
 Manchester Public Schools
 45 North School Street Manchester, CT 06042
 (860) 647-3452

[Click Here to View Process for Submitting](#)

Date:		Name of person(s) making referral:		
Student:	DOB:	ID #:	☐ Male ☐ Female ☐ Nonbinary	Race:
Current School:	Current Grade:		Grade Student Should Be In:	
Parent/Guardian(s):	Phone #:		Work #:	
Address:			Email:	
Number of Credits Needed (HS Only):	Credits Already Obtained (HS Only):		Ant. Date of Grad. (HS Only):	
School Case Manager and Phone Number (Special Education Case Manager, School Social Worker, School Counselor, etc.):		Other community agency workers (if applicable, DCF, Counseling Supports, Probation, etc.):		
Check if applicable: ☐ General Education ☐ Special Education ☐ 504 ☐ ELL (Translator needed ☐ Yes ☐ No) Language:				

Suggested Alternative Education Classroom (See program descriptions below or please contact a Director of Pupil Personnel Services with questions):			
☐ Elementary Special Education, Districtwide Learning Center (Grades K - 4)	☐ Elementary Regular Education, Learning Strategies Program (Grades K - 2)	☐ Middle School Special Education Program, Districtwide Learning Center (Grades 5 - 6)	
☐ Middle School Regular Education Program, Districtwide Learning Center (Grades 5 - 6)	☐ Middle School, Districtwide Learning Center (Grades 7-8)	☐ Manchester Middle Academy (Grades 5 - 8)	
☐ Manchester Regional Academy (Grades 7 - 12)	☐ Bentley Alternative Education Program (Grades 9 - 12)	☐ E-Credit (Grades 9-12)	☐ Flight Academy (Grades 9-12)

Subject(s) student enjoys / excels in:	Subject(s) student does not enjoy / perform well in:
Reason for referral (be specific – why does this student require this intervention?):	

Describe student strengths, likes, and interests (what does the student do well?):

Describe interventions that have been implemented (attach at least 6 weeks of data):

Preferred parent/guardian method of contact (phone, text, email, etc.):

Are there any resources this family is currently engaged with/referred to (referral to outside counseling, FRC support, SES, other community resources)? *Please answer, so that the receiving school can ensure continuity of services.*

Has the parent/guardian been notified of this referral (contact must be made): ☐ Yes ☐ No **How?** _____

Please attach the following information. Check off to ensure this information is included:

- ☐ Discipline Summary
- ☐ Attendance Summary
- ☐ Assessment Data (Benchmarks/CBMs)
- ☐ Grades Summary
- ☐ Current Schedule
- ☐ Transcript
- ☐ Current IEP and most recent evaluation or 504 Plan if applicable.
- ☐ Any additional plans such as behavior, safety etc. if applicable

Records that must be forwarded after placement:

- ☐ Health
- ☐ Cumulative
- ☐ Confidential

Please forward the completed referral packet electronically in one folder to:

Sophia Krisch, and Stacey Kaufman.

The referral must be sent by the building principal or his/her assistant.