SWWC
ALTERNATIVE LEARNING CENTERS

ALC - Glencoe Intake Form

Date: _____ Student referred by: _____

Referred to: ☐ Mid-level (7-8) ☐ High School (9-12+) Gender: _____

Home District: _____ Resident District: _____

Student name: _____ Grade: _____ MARSS#: _____

Address: _____ Date of Birth: _____

Parent/Guardian: _____ Home Phone: _____

Parent Email: _____ Cell Phone: _____

Does the student have a 504 Plan? ☐ Yes ☐ No
(If yes, a meeting with our staff will be required.)

Does the student have an IEP? ☐ Yes ☐ No
(If yes, home district **must** schedule an IEP Amendment Team meeting once approved)

Case Manager Name: _____ Email: _____

Disability: _____ Setting: _____

Please give access in SpEd Forms to Colleen Weis.

Does the student qualify for EL services? ☐ Yes ☐ No Do they receive services currently? ☐ Yes ☐ No

Does the student have any other services? (ex. Social Worker, Probation, Therapist, etc.)

Name:	Agency:	Phone:
Name:	Agency:	Phone:
Name:	Agency:	Phone:
Name:	Agency:	Phone:

Home Language(s) spoken: _____
(Please be sure to send the **MN Language Survey** with other documents)

For students to receive programming they must meet one or more of the following: (Please check all that apply).

☐ performs substantially below the performance level for pupils of the same age in a locally determined achievement test;

☐ is behind in satisfactorily completing coursework or obtaining credits for graduation;

☐ is pregnant or is a parent;

☐ has been assessed as chemically dependent;

☐ has been excluded or expelled according to sections 121A.40 to 121A.56;

☐ has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69; Reason: _____

☐ is a victim of physical or sexual abuse;

☐ has experienced mental health problems;

☐ has experienced homelessness sometime within six months before requesting a transfer to an eligible program;

☐ speaks English as a second language or is an English learner;

☐ has withdrawn from school or has been chronically truant.

By submitting this referral, the referring school district grants permission for the exchange of relevant student data between the district and SWWC for the purpose of determining program eligibility, educational planning, service delivery, and ongoing support. This may include, but is not limited to, academic records, special education data, assessment results, attendance records, behavior records, and other information necessary to support the student's educational needs. All shared information will be handled in accordance with applicable state and federal privacy laws, including FERPA.

☐ I have reviewed the information with the student and parent/guardian, and per MN Statute 124D.128 subd 3. Student Planning, the District has informed parent and student that this is a choice program.

_____ _____

Signature of School District Representative Phone

Please return this intake form and the following to Tammy at ALC - Glencoe: tammy.stifter@swwc.org (DO NOT SEND CUMULATIVE FILE)

- General Student Data
- Updated transcript with district graduation requirements the student has yet to meet
- Attendance records/Truancy information
- Immunizations
- Completed Lunch Form
- Current IEP and Evaluation Report
- MN Language Survey
- 504 Plan if applicable
- Discipline records
- ELL ACCESS testing scores