DETROIT LAKES AREA LEARNING CENTER REFERRAL
2026-2027

DATE RECEIVED: _____

NAME _____ BIRTHDATE _____ GRADE _____ GRAD YEAR _____

PARENT NAME _____

ADDRESS _____

PHONE NUMBER (HOME) _____ (WORK) _____

RESIDENT SCHOOL DISTRICT ☐ Detroit Lakes ☐ Frazee ☐ Lake Park/Audubon

OTHER SCHOOL DISTRICT _____

REFERRED BY _____ RELATION TO LEARNER _____

PARENT SIGNATURE _____

☐ This student wants to attend an Alternative Program.

☐ Repeat application

INDICATORS OF NEED (Check all that apply)

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

☐ Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation.

☐ Is pregnant or is a parent

☐ Has been assessed as chemically abusive and/or dependent.

☐ Has been excluded or expelled.

☐ Has been referred by the Student Assistant Team for enrollment in an eligible alternative program.

☐ Is a victim of physical or sexual abuse.

☐ Has been assessed with a mental health condition.

☐ Has experienced homelessness sometime within six months before requesting a transfer to an alternative program.

☐ Speaks English as a second language or has limited English proficiency (LEP).

☐ Has withdrawn from school, has been chronically truant, or has been excessively absent.

☐ Other_____

PAST AND CURRENT SERVICES (Check all that apply)

- ☐ Special Education (has a case manager)
  (IF YES) IEP in Place? ☐ Yes ☐ No
- ☐ 504 Plan
- ☐ Language Services
- ☐ School: Psychologist/Social Worker/Counselor
- ☐ Mental Health Professional
- ☐ Probation Services
- ☐ CD Treatment
  _____Completed outpatient treatment program
  _____Completed inpatient treatment program
- ☐ County Social Services
  _____Mental Health Social Worker
  _____Child Protection Social Worker
  _____CD Social Worker
  _____Truancy Social

The Alternative Program(s) I believe would best meet the needs of this learner is/are:

DAY PROGRAM

___

- ☐ 15 year old (grade 9 & 10)
- ☐ 16 and older (grade 9 - age 21)
- ☐ Pregnant & Parenting Teen (grade 9 - age 21)
- ☐ Chemical Dependency (grade 9 - age 21)
- ☐ Recovery School (grade 9 - age 21)

INDIVIDUALIZED PROGRAM

___

- ☐ Attend high school of residence during the day and participate in the After School Program.
- ☐ Work during the day and participate in the After School Program.
- ☐ Part-time (1-3 credits) during or after school

Please supply additional documentation that will support Alternative Program placement (if applicable). If the referred learner is currently receiving services from an out of school agency, please send a copy of completed release form to ISD #22, attention ALC Office, 702 Lake Avenue, Detroit Lakes, MN 56501, so we can seek out additional services and information as needed in our decision making process. Releases are helpful, but not required at this time. Phone: 218-844-5687 Fax: 218-844-6888

Additional Information: