



ALTERNATIVE LEARNING CENTERS

ALC - Pipestone 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. Please share the 504 plan with Toni Mathews.)

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 to SpEd Forms to Heather Rieger, SpEd Teacher.

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- _____ has withdrawn from school or has been chronically truant.

_____ 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

Email this form to Toni Mathews at toni.mathews@swwc.org.

Please include the following: (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