

MARIN COUNTY OFFICE OF EDUCATION

ALTERNATIVE EDUCATION PROGRAM REFERRAL

Marin's Community School Phoenix Academy Charter School Oracle Independent Study
1111 Las Gallinas Ave, San Rafael, CA 94903
(415) 491-0581 FAX: 491-0981

Student Name _____		Date of Birth _____	Grade _____
Residence Address _____		City _____	Zip _____ Telephone _____
PARENT OR LEGAL GUARDIAN	Name(s) _____	Work Phone _____	
	Address(es) _____		
Special Education YES ___ NO ___ If yes, see <i>Required Information</i> below			
English Learner (ELD) YES ___ NO ___ Proficiency Level _____ Primary Language _____			

County Community School			
LAST SCHOOL ATTENDED: _____			
Has the student attended any other schools in the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please list: School(s)/Address(es) _____			

EXPULSION			
Has the student been expelled from his/her school/district of residence? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, what is the period of expulsion? _____ through _____			
Does the student have an expulsion hearing pending? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, what is the date of the hearing? _____			
Reason for expulsion: _____			

SPECIAL EDUCATION – Required Information: Copies of Special Education documents (Annual Review IEP, Behavior Plan, Current Assessment) <u>MUST</u> accompany this referral			
Does the student have an active IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does the student have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has the student been referred for a special education assessment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does the student have a required behavior intervention plan? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ATTENDANCE			
Please rate the student's attendance for the past six months: <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor			
Comments: _____			
Has there been a recent period of non-attendance? <input type="checkbox"/> YES, how long? _____ <input type="checkbox"/> NO			
BEHAVIOR			
Please rate the student's behavior for the past six months: <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor			
Comments: _____			
Have there been recent suspensions: <input type="checkbox"/> YES, how many? Total days? <input type="checkbox"/> NO			

