



Isle Area Learning Center
 PO Box 25
 Isle, MN 56342
 (320) 676-3721

ROUTING SLIP	
___	COUNSELOR
___	PRINCIPAL
___	OFFICE
___	ALC

REFERRAL FORM
 (To Be Completed by Home School)

End Date @ Home School _____ Start Date @ ALC _____

MARSS# _____ Referred By: _____

Student Name _____ Gender _____

Address _____ City _____ Zip _____

Home Phone _____ Date of Birth _____ Grade _____

Econ Indicator # _____ IEP? Yes or No PR Disability # _____ Setting _____

This student is eligible to attend the ALC based on the following guidelines:

Suggested courses for completion or graduation:

School Administration Signature: _____

Student Signature: _____

(NOTE: All information is for ALC use only & is protected under the data privacy act)

PLEASE ATTACH A CURRENT CLASS SCHEDULE, A TRANSCRIPT, AND AN IMMUNIZATION RECORD TO THIS FORM. FOR STUDENTS WITH AN IEP, AN AMENDED COPY MUST ALSO BE SENT TO THE ALC AS SOON AS POSSIBLE.



ISLE AREA LEARNING CENTER
PO Box 25
Isle, MN 56342
Phone: (320) 676-3721
Fax: (320) 676-3062
e-mail: jnovak@isle.k12.mn.us

Student Release of Records

Dear Administrator/Counselor:

This is a request for a students transcripts. Please forward the items checked below.

We thank you in advance for your time and efforts to assist us with this student's records.

Sincerely,

Jean Novak

ALC Coordinator

Authorization for collection and/or release of personal information

I authorize the release of records on the following marked items and request that they be sent to the Isle Area Learning Center.

(Student's Name)

(Current Grade)

(Last School Attended)

(Birth Date)

To Be Released:

Copy of last report card
 Group administered standardized achievement, aptitude, interest scores

Copy of transcript
 Special education records (IEP, assessments, etc.)

Health Records

Other (specify):

Marss Number

(Signature of parent, legal guardian, adult student, or school district representative)

(Date)



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YEARS ATTENDED			
<input type="checkbox"/>	10-11 SS	<input type="checkbox"/>	12-13 SS
<input type="checkbox"/>	10-11	<input type="checkbox"/>	12-13
<input type="checkbox"/>	11-12 SS	<input type="checkbox"/>	13-14 SS
<input type="checkbox"/>	11-12	<input type="checkbox"/>	13-14

ISLE ALC ADMISSION APPLICATION & CLP

NAME: _____ AGE: _____ DATE: _____
 First Middle Last

NAME WHILE IN SCHOOL ID DIFFERENT THAN ABOVE: _____

ETHNIC CODE: _____ (1- Am Indian/Alaskan, 2 - Asian, 3 - Hispanic, 4 - Black, 5 - White)
 (OPTIONAL)

DATE OF BIRTH: _____ GRADE: _____ SOC SEC #: _____

STUDENT ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY OF RESIDENCE: _____ STUDENT TELEPHONE: _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

PARENT ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

HAS STUDENT PREVIOUSLY ATTENDED ISLE SCHOOLS? YES _____ NO _____

IF NO, HAS STUDENT ATTENDED PUBLIC SCHOOL IN MINNESOTA? YES _____ NO _____

LAST SCHOOL ATTENDED: _____ DATE OF ATTENDANCE: _____

SCHOOL ADDRESS: _____

GRADE LAST COMPLETED: _____

IEP: YES NO

Assessment Date: _____

Case Manager: _____

Minnesota Competency Tests	Score
Reading <input type="radio"/> Not Taken <input type="radio"/> Fail <input type="radio"/> Pass	_____
Writing <input type="radio"/> Not Taken <input type="radio"/> Fail <input type="radio"/> Pass	_____
Math <input type="radio"/> Not Taken <input type="radio"/> Fail <input type="radio"/> Pass	_____

Credits Upon Entry _____ Credits Needed to Graduate: _____

Classes Needed To Graduate: _____

Annual Student Goals: _____

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?
 _____ YES _____ NO

CONTACTS or AGENCIES	PHONE NO.
Probation Officer	_____
Counselor	_____
Social Worker	_____
Social Security Insurance Income	_____
Workforce Center	_____
Other Outside Agency Contacts	_____

Parent or Guardian Signature for Consent to Share Academic Information (Good for 1 year)

EDUCATION OPTIONS PROGRAM

(Formerly High School Graduation Incentives)

Student Name: _____

The Education Options Program for students in elementary, middle and high schools, was established to provide incentives and encouragement for Minnesota students who have experienced or are experiencing difficulty in traditional educational systems or who have dropped out of school. The program provides optional education settings to help students achieve academic success and complete their education.

WHO IS ELIGIBLE

(5 thru 20 year olds or 21 for students with disabilities)

- You are performing substantially below performance on a local achievement test.
- You are at least one year behind in satisfactorily completing course work.
- You are pregnant or a parent.
- You have been assessed as chemically dependent.
- You have been physically or sexually abused.
- You have experienced mental health problems.
- You have been homeless sometime in the last 6 months.
- You have limited English proficiency or speak English as a second language.
- You have been referred by a school district for enrollment in an eligible nontraditional program.
- You have been excluded or expelled.

I have read and understand the HSGI eligibility list above and feel I qualify under these incentives.

(Parent of Guardian signature required if under 18)

EDUCATION OPTIONS PROGRAM

PROGRAM CHOICES

You have a variety of educational programs from which you may choose:

- | | |
|--------------------------------------|---|
| Elementary, middle or high schools - | Any other resident or nonresident elementary, middle or high school. |
| Area Learning Centers - | An Area Learning Center, which provides year round, day and evening, individualized education. You may attend full or part-time if age 16 or older. |
| Public Alternative Programs - | An approved public alternative education program in any district. |
| Adults Basic Education - | An approved Adult Basic program even if you are 16 or older and have not been attending school. |
| Contracted Alternative Programs - | A nonprofit, nonpublic program that has been contracted by the school district to provide a nontraditional, nonsectarian education program. You may attend full or part-time if age 16 or older. |
| Post-Secondary Institution - | A technical college, liberal art college or a university. If you qualify for the post secondary options programs and are registered at one of the above programs, you may attend full or part-time. |

Continual Learning Plan Goal Sheet

An Example of long term goal may be:

Current Status: Where is the student Currently at?	Goals: Where does the student want to go?	Activities: How will the student meet their goal(s)?	Assessments: How and when will the student know they met the goal(s)?	Student Schedule
Examples can be: Credits completed with attached school transcript. Basic Skills Test Results.	Can include academic, vocational and/or personal/social emotional goals. Should include when goal will be met. Goal can be to improve and/or maintain. Can be short or long-term goals. Improve reading level by a specified amount.	Examples can be: Attainment of specific credit/standards. Work Experience. Increase attendance and or participation. Specific remediation plan.	If the goal is long-term, progress needs to be indicated on a yearly basis. Graduation Standards.	Mon _____ Tue _____ Wed _____ Thu _____ Fri _____
Goal #1				
Goal #2				
Goal #3				

Programs should attach the supporting documents

Student Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

INDEPENDENT STUDY AGREEMENT

ISLE AREA LEARNING CENTER

DATE: _____

Student's Name _____ Birth Date: _____

Student's Address _____

Parent/Guardian Name: _____ Phone: _____

This agreement is made to show the responsibilities of the participants: student, parent(s), and school.

STUDENT:

1. To be regular in attendance at school-see attached attendance policy.
2. To maintain acceptable academic performance of 80% or better.
3. To maintain acceptable progress to assure timely completion of work assignments.
4. To abide by the rules and regulations established by the school.
5. To keep the school informed of events or facts necessary to the successful progress in this program.
6. To share with the school any information vital to your successful development and performance, including any interagency services.

PARENT/GUARDIAN:

1. To grant permission for your son/daughter to participate in the Area Learning Program Independent Study.
2. To share with the school any information vital to the successful development and performance of the student, including any interagency services.
3. To be an active participant in your student's education.

TEACHER/SCHOOL:

1. To establish a valid education plan for the student.
2. To assess the student's progress and inform the parent/guardian.
3. To involve all personnel necessary in the development of the education and success of the student.
4. To maintain records required by the Department of Children, Families, & Learning.

Student Signature _____

Parent Signature _____

Teacher/School Signature: _____

CLP - GUIDELINES FOR ADMISSION INTO THE ISLE ALC

Student Name : _____

Date: _____

1. Scheduled appointments must be made and kept. Continuous absences without an acceptable, prior excuse will constitute a warning. Continuous unexcused absences will lead to a written Student Contract with penalties up to withdrawal from the program. The student may reapply for readmittance upon completion of the designated waiting period. Student will be readmitted if student can demonstrate a serious approach to learning and if space is available in the ALC.
2. Appropriate language and behavior must be used and modeled at all times in the ALC. Profanity and negative behavior will not be tolerated. Students will be warned of inappropriate behaviors. If a student continues to demonstrate inappropriate behavior and/or negative language they will be placed on a student contract. Continuous violations will be grounds for withdrawal from the program. The student may reapply for readmittance upon completion of the designated waiting period. Student will be readmitted if the student can demonstrate a serious approach to learning and if space is available in the ALC.
3. Students attending the Isle Area Learning Center must demonstrate productive work behavior. Weekly objectives and / or acceptable progress must be made in all subjects. Attendance alone will not suffice. Students will be warned of nonproductive work behavior. If a student continues to demonstrate inappropriate work behavior they will be placed on a student contract. Continuous violations will be grounds for withdrawal from the program. The student may reapply for readmittance upon completion of the designated waiting period. Student will be readmitted if the student can demonstrate a serious approach to learning and if space is available in the ALC.
4. Behavior, scheduling, attendance, and work production are all student responsibilities. Therefore, the student will accept the consequences for violation of the above guidelines.
5. If the student is withdrawn from the program all relevant agencies will be notified immediately.
6. Enrollment at the Area Learning Center is a privilege. You are not required to complete your education in this setting. This is an opportunity for you to succeed, and ultimately graduate from High School.

These required guidelines are standard for all students attending the ALC

Sign: _____
(Student)

Sign: _____
(Parent/Guardian)

Sign: _____
(ALC)

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PO Box 25
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CLP Attendance Policy

As a student at the Isle Area Learning Center you are expected to make and keep weekly appointments with us. Maintaining a weekly schedule enables you to keep a comfortable pace in your progress. It also allows us to efficiently serve the many students who need the Learning Center.

If you miss appointments with no acceptable excuse, and without contacting us, you will be placed on a student contract and may warrant dismissal from the program. The student will remain inactive for the designated contract waiting period. After that period, the student may reapply to the program. A student will be readmitted if they can demonstrate a serious approach to their learning and if space is available at the Learning Center.

I understand and agree to follow the Isle Area Learning Center's attendance policy as follow:

- * I am expected to make and keep weekly appointments at the ALC.
- * After being placed on a student contract, if I continue to miss scheduled appointments, I will be dropped from the program.
- * After the designated drop period, I may reapply for admission to the ALC. Students will be readmitted if they can demonstrate a serious approach to their studies and if space is available at the ALC.

Date: _____

Student Signature: _____

Parent Signature: _____

ALC Coordinator: _____

Isle Area Learning Center Student Contract

Student _____

Contract Start Date _____ Termination Date _____

You are hereby notified, for the next _____ school days, you are placed on a performance contract because of:

- _____ Unacceptable attendance
- _____ Unacceptable behavior
- _____ Unacceptable productivity
- _____ Other:

Contract Expectation

- _____ 86% attendance and productivity
- _____ no behavioral referrals or problems
- _____ other:

A student on contract will automatically be dropped from the day program for the following incidents:

- Suspension of any kind
- any unexcused absence including skipping any class
- abusing pass privileges
- inappropriate behavior
- 3 or more tardies
- Inadequate work production

Under the conditions of this contract, your school performance will be closely monitored during it's duration. At the end of the contract period, a staff review will be held and:

1. If your performance during that time has eliminated the discrepancy, the contract will be removed.
2. If the contract expectation has not been met, you will be removed from this school for one month, at which time you can apply for readmittance or, if there is a waiting list, can submit your name to reapply. For students 12 to 15 years of age the student will be placed on a 1 - 3 days of suspension. After suspension a parent meeting is required and an individual plan will be developed to discuss appropriate placement which could include returning to mainstream school. Upon returning the student will re-enter on a contract to demonstrate improvement in areas of concern. A second broken contract will result in termination for 60 days, third broken contract = 90 days, fourth broken contract = remainder of school year.

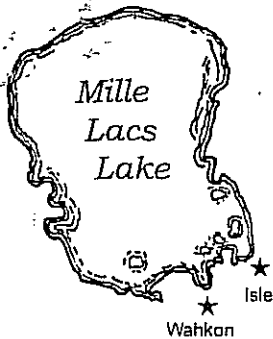
Alternative Ed. Coordinator

Student

Parent

Date

Just Read



Independent School District 473

730 Fifth Avenue South Isle, Minnesota 56342

District Office
Allen Ralston, Superintendent
P.O. Box 25
Isle, Minnesota 56342-0025
(320) 676-3146
Fax (320) 676-3966

Isle School District
Michael L. Conner, Principal K-12
P.O. Box 54
Isle, Minnesota 56342-0054
(320) 676-3494
Fax (320) 676-3966

Isle School District
Jeffrey J. Searles, Administrative Assistant K-12
P.O. Box 25
Isle, Minnesota 56342-0025
(320) 676-3101
Fax (320) 676-3966

ADMINISTERING MEDICATIONS TO STUDENTS:

Whenever possible, medications should be given at home and every effort should be made to avoid school hours.

The medication will be given to the student by designated school personnel as required by the Board policy. The district is rendering a service and does not assume any responsibility. It is the responsibility of the parent/guardian to:

1. Send medication in properly labeled container with dosage and time to be administered.
2. Bring in or send with student a signed consent with instructions as to when you want the medication given.
3. Over the counter medications must be sent with a signed consent and instructions on dosage and time to be given.
4. Any medication to be given on a regular basis must have a school medication consent form signed by parent/guardian and filled out by the student's physician. These are available in the Health Office.

Both schools must have a written consent in order to dispense Tylenol to a student. NO aspirin will be given. Below is a consent form that you (parent/guardian) may sign and return to school.

Nancy Helmin
School Nurse



I request that my child _____ grade _____ be given or not given (please circle one) one or two (please circle amount) regular strength Tylenol as needed.

Signed _____
Parent/Guardian