

AALC Student/Parent Initial Application

Student:		Date:	
Grade:		IEP: Yes No	
Person Making Request:		Accommodation Plan: Yes No (504, Health Plan, Behavioral Plan, etc)	
Parent Contact:	<input type="checkbox"/> Phone call	<input type="checkbox"/> In person	<input type="checkbox"/> Note <input type="checkbox"/> Email

CURRENT SERVICES (Please indicate any current services.)

- | | | |
|---|--|--|
| <input type="checkbox"/> School Counseling
<input type="checkbox"/> Blugold Beginnings
<input type="checkbox"/> Title 1
<input type="checkbox"/> Guidance Counseling
<input type="checkbox"/> Gifted & Talented | <input type="checkbox"/> Outside Agencies (mental health, social services, etc.
List: _____
<input type="checkbox"/> Coordinated Service Team
<input type="checkbox"/> Modified Schedule
<input type="checkbox"/> Health Concerns:
Explain: _____ | <input type="checkbox"/> Transitional Services (Workforce Dev., DVR, etc.)
<input type="checkbox"/> Online schooling
<input type="checkbox"/> Other: _____
Explain: _____ |
|---|--|--|

LIST/DESCRIBE INDIVIDUAL'S STRENGTHS:

- o
- o
- o

MARK ALL THAT APPLY TO THE STUDENT:

- Scores below grade level in reading and/or math
- Pattern of social maladjustment, feeling alienated, or bullied
- Credit deficient
- Ruled delinquent and/or chronically truant
- Medical and/or Mental Health Issues
- Chemical/Drug Abuse
- Poor work habits/history
- Victim of physical, sexual or emotional abuse
- Experienced death, imprisonment, or permanent injury/sickness of parent
- Pregnancy/Student Parent
- Optional: Write any additional comments or observations that should be considered:

Student/Parent Questions

Why do you believe the AALC would be a good fit for the student's educational needs?

What do you believe are the student's biggest barriers to traditional education?

Are there any outside or extenuating circumstances that impacts the student's learning ie, foster care placement, recent death in family, major illness, etc..

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Additional Comments:

Parent:

Student:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Next step:

Your application will be reviewed by the Pupil Services Team and the decision will be communicated to you in a timely manner.