

Member School Districts:
Albany, Melrose,
Paynesville and Sauk Centre



WEST CENTRAL EDUCATION DISTRICT

Program Oversight:
Early Intervention,
Beacon and ALC

Area Learning Center Application/Learning Plan (enrollment in day school)

Name (first, last): _____ Gender: _____ DOB: _____ Grade: _____

Student Cell Phone Number: _____

Mother's Name: _____ Phone # _____

Address: _____

Father's Name: _____ Phone # _____

Address: _____

Resides with: _____ Phone, if different than parent: _____

Address if different from parent: _____

Specific custody arrangements: _____

Referring District: _____ MARRS # _____ Grad Year _____

Referred By: _____ Date Referred: _____

Resident District: _____ Resident County: _____

Primary Lang Spoken at Home: _____ Ethnicity: (see MARSS person) _____

Student is currently receiving the following school services:

____ Special Education: Disability Category: _____ (send IEP/ER)

____ ESL: English as a Second Language: ACCESS testing date/score/level: _____

____ Health Services: Health Plan, Medical Diagnosis: _____

Other, specify: _____

Interventions tried in the home district prior to referring to the WCED ALC:

1. _____

2. _____

In regards to being "at risk" of graduating, what are the expectations/goals the home district, student, and family have for choosing the WCED ALC as an alternative, non traditional educational placement:

1. _____

2. _____

What could become stressors while at school: _____

Team members supporting student education (truancy officer, probation officer, social worker...):

Number of Suspension Days this school year: _____

To complete this application, the referring district will include the following documents: attendance record, transcript detailing credit earned and credit recovery expectations, application for educational benefits (free and reduced lunch completed application), summary of behavior referrals/discipline, and state testing results.

Student Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____
School District Rep Signature: _____ Date: _____

To be completed at intake

What is the plan to address graduation requirements; credit summary? Review of support services (educational and county)

Date: _____
Parent/Guardian Signature: _____
Student Signature: _____
Staff Signature: _____
Number of credits available per quarter: _____
Schedule:

Supports (i.e. transportation needs, technology needs, family needs):

Date Annual Review of Progress: _____
Parent/Guardian Signature: _____
Student Signature: _____
Staff Signature: _____
Number of credits earned per quarter: _____ vs number of credits available: _____
If the student did not complete the credits available, what were the barriers?

Recommendations/changes needed moving forward:

Our mission is to maximize every student's educational experience by providing high quality services to students, families, and member districts.

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