

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



WEST CENTRAL EDUCATION DISTRICT

Program Oversight:
Early Intervention,
Beacon and ALC

Area Learning Center Application (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 than parent: _____

Specific custody arrangements: _____

Referring District: _____ MARRS # _____ Grad Year _____

Referred By: _____ Date Referred: _____

Resident District: _____ Resident County: _____

Primary Language Spoken in the Home: _____

If not English, last ACCESS testing date/score/level: _____

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> white | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Asian |

Reason for Referral (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> failing classes | <input type="checkbox"/> chemical dependent concerns |
| <input type="checkbox"/> hands on learning style | <input type="checkbox"/> overly aggressive, fighting, etc |
| <input type="checkbox"/> low motivating, low grades | <input type="checkbox"/> overwhelmed by large class sizes |
| <input type="checkbox"/> absenteeism/truancy | <input type="checkbox"/> excluded or expelled per MS 127.26/127.39 |
| <input type="checkbox"/> appears isolated from others | <input type="checkbox"/> family issues |
| <input type="checkbox"/> homeless within last 6 mo | <input type="checkbox"/> physically or sexually abused |
| <input type="checkbox"/> pregnant or parent | <input type="checkbox"/> speaks English as Second Language |
| <input type="checkbox"/> mental health concerns | <input type="checkbox"/> perpetual victim of other students |
| <input type="checkbox"/> 2 or more grade levels below on achievement | |
| <input type="checkbox"/> at least one year behind in satisfactorily completing coursework | |
| <input type="checkbox"/> referred by school district for enrollment at WCED ALC | |
| <input type="checkbox"/> other, specify _____ | |

Student has the following Academic Credit Needs: Please note if summarized on attached page

Name of Course/Subject: _____ Credit: _____

Name of Course/Subject: _____ Credit: _____

Name of Course/Subject: _____ Credit: _____

Name of Course/Subject: _____ Credit: _____

Student is currently receiving the following services:

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

____ ESL: English as a Second Language

____ Other, specify: _____

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

- 1.
- 2.
- 3.

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

- 1.
- 2.

What could become stressors while at school: _____

Probation Officer: _____ Phone: _____

County Social Worker: _____ Phone: _____

Truancy Worker: _____ Phone: _____

To complete this application, the referring district will include the following documents: attendance record, transcript detailing credit earned and credit recovery expectations, 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? Review of support services (educational and county)

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

WCED 903 State Road, Sauk Centre, MN 56378 * 320-352-2284 x4100 * wced6026.org * 320-352-3404 (fax)
Area Learning Center 9 West 2nd St S Melrose, MN 56352 * 320-256-7836 * 320-256-7812 (fax)