



Student Services Department
Alternative Placement Checklist

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Sending School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

[ ] The Horizon Program
(Primarily students without disabilities who are Exhibiting significant behavior concerns)

[ ] A. Quinn Jones Center
(Primarily students with EBD and ASD. FBAs and behavior plans should be implemented with data)

Please check each item to verify its inclusion with your recommendation

- [ ] Recommendation letter to the Superintendent
[ ] Recommendation letter to Donna Kidwell
[ ] Recommendation letter to Dr. Donald Reed
[ ] Reason for alternative placement recommendation:
[ ] Level 1 misconduct – include a copy of the Level 1 referral and suspension letter
[ ] Felony transfer – include a copy of the State Attorney’s notification letter
[ ] Parent notification of an administrative hearing
[ ] History of disruptive behavior: \_\_\_\_\_
[ ] Requires at least two (2) documented EPT meetings when alternative placement was discussed with the parents
[ ] Requires that a Tier II behavior intervention be completed and monitored (for ALL students) using the district Record of Behavior Form and Monitoring Problem and Replacement Behavior Observation Form
[ ] Requires the implementation of a Tier III Functional Behavior Assessment (General Ed or ESE) and Behavior Intervention Plan with progress monitoring data.
[ ] Copy of Principal’s recommendation letter (Address must be current)
[ ] Copy of present and previous school year suspension letters
[ ] Copy of present and previous school year discipline referrals
[ ] Skyward Documentation
[ ] Behavior Detail Report (Behavior Tab – 3 most recent semesters)
[ ] Current transcript
[ ] Most recent grades
[ ] 3rd Nine Weeks Grades
[ ] Student’s ESE/Section 504 Status: [ ] SLD [ ] EBD [ ] InD [ ] ASD [ ] Section 504
[ ] Other: \_\_\_\_\_
[ ] If the student is not ESE, include MTSS in this packet
[ ] Complete ESE Supplemental Checklist and include documentation in this packet
[ ] Date of IEP where alternative placement was reconvened: \_\_\_\_\_ (include signature page and conference notes)

Please make sure the above information is included in the packet and in the order of this checklist. Forward one (1) original packet to Valencia Benjamin at the Manning Center

This form was reviewed by: \_\_\_\_\_
Principal Date