

Referral for Alternative Program Placement



Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 336-55
November 2018
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See [MCPS Regulation IOI-RA](#), *Placement Procedures for Alternative Programs*

Directions: (Before referring a student to a Level 2 Alternative Program, the referring school's Educational Management Team (EMT), including a Pupil Personnel Worker (PPW), is responsible for conducting an assessment to determine that any prescribed instructional and/or behavioral interventions and strategies have been provided consistently in the Level 1 Alternative program, or other structured setting such as a resource class, over a measureable period of time.)

1. This form should be completed by a school EMT to refer a student to a Level 2 Alternative Program and for review by the Alternative Programs Admission Committee (APAC). The parent/guardian, and eligible student as appropriate, must be notified of the EMT meeting and every effort should be made to schedule the meeting at a time when they can attend and provide input.
2. The referring school PPW submits completed packets to: **Director, Division of Pupil Personnel and Attendance Services, CESC, Room 211**

Student Information

Student Name (Last, First, Middle) _____ MCPS ID Number _____
Date of Birth ____/____/____ Age ____ Grade ____ Credits ____ Days Absent (current year) _____ GPA (current _____)
Referring School _____ School of Assignment _____
School Staff Contact Person/Position _____ Contact Person Phone Number _____-_____-_____

Parent/Guardian Information

Name _____	Name _____
Relationship _____	Relationship _____
Address _____ <i>Street</i>	Address _____ <i>Street</i>
_____ <i>City</i> _____ <i>State</i> _____ <i>ZIP Code</i>	_____ <i>City</i> _____ <i>State</i> _____ <i>ZIP Code</i>
E-mail address _____	E-mail address _____
Home Phone _____-_____-_____	Home Phone _____-_____-_____
Work Phone _____-_____-_____	Work Phone _____-_____-_____
Cell Phone _____-_____-_____	Cell Phone _____-_____-_____
Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (specify) _____	
Parent/Guardian/Eligible Student (as appropriate) notified of EMT meeting on: ____/____/____ by <input type="checkbox"/> telephone <input type="checkbox"/> e-mail <input type="checkbox"/> in person	
Language spoken at home _____ Interpreter Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ESOL <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Level _____	
Individualized Education Program <input type="checkbox"/> Yes <input type="checkbox"/> No Section 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	

Involvement of Other Agencies/Professional Support

Agency _____ Contact Person _____ Phone _____-_____-_____
Address _____
Street *City* *State* *ZIP Code*

Involvement of Other Agencies/Professional Support

Agency _____ Contact Person _____ Phone _____-_____-_____
Address _____
Street *City* *State* *ZIP Code*

The EMT should consider information from a variety of sources which may include/but are not limited to the following:

SCHOOL DATA CONSIDERED: *If box checked below, please attach the documentation to this referral.*

- Level 1 Alternative Program teacher reports/notes, this may include information provided on [MCPS Forms 272-9, Teacher Referral](#), and [272-10, Documentation of Interventions](#)
- School Meeting Notes: including parent/guardian conferences, EMT/Collaborative Action Process (CAP)/IEP (including results of previous EMT meetings)
- Consultation
- Evaluation(s)
- IEP
- Section 504 Plan
- Referrals to other educational departments/outside agencies
- Outside agency reports/letters (e.g. physical or mental health professional)
- Written or oral reports of observations
- Suggested modifications to intervention plans
- Suggested instructional strategies, as appropriate

Evaluation of Adaptive Behaviors

- Referrals for Disciplinary Action, including in-school suspension (i.e., OASIS suspension data, SWIS data)
- Communication Logs
- Anecdotal Records
- Suspension Letters
- [MCPS Form 336-64, Functional Behavioral Assessment \(FBA\)](#), and any documentation that suggests that previous interventions have been implemented and progress has not been made
- [MCPS Form 336-65, Behavioral Intervention Plan \(BIP\)](#), including any contracts, and any documentation that suggests that previous interventions have been implemented and progress has not been made

Assessment Data

- Current teacher reports (including Level 1 Alternative Program teacher), this may include information provided on [MCPS Forms 272-9, Teacher Referral](#), and [272-10, Documentation of Interventions](#)
- Transcript (or Student Record Card 2 (SR2))
- Report Cards
- Other Assessment Data

Attendance Data

- SR 1 card
- Current Attendance Printout

Health Records

- School Health Plan
- Medical, psychological, psychiatric, and/or developmental reports
- Identify Other Areas of Concern _____

Referral (Include Date Of Referral)

Referral initiated by:

- EMT
- Chief Operating Officer
- Other:

Date

____/____/____
 ____/____/____
 ____/____/____

Referral to Level 2 Alternative Program approved by APAC.

Signature, Supervisor, Alternative Programs, OSSI _____ Date ____/____/____

Reason For Referral

Suggested Areas to be included in Personal Learning Plan Goals

1. _____
2. _____
3. _____

Special Considerations

- Restrictions placed as the result of disciplinary action (attach letter from Chief Operating Officer or Division of Pupil Personnel and Attendance Services).
- ESOL (Level _____)
- Special Education: Yes No
If yes, disability code and services

- Section 504 Plan: Yes No
- Recommended supports needed

- Other (specify):

Signatures (Required)

I have been informed that this student is being referred to a Level 2 Alternative Program, and that an intake meeting will be scheduled to establish—

- a) the academic, behavioral, social and/or emotional criteria, based on the needs of the individual student, upon which to assess the student's progress in the Level 2 Alternative Program,
- b) a defined period of time that the student is expected to remain in the Level 2 Alternative Program in order to determine the effectiveness of the interventions, and
- c) a timeline for regular reviews and adjustment, as appropriate, of intake goals.

Printed Name, PPW (from referring school) _____

Signature, PPW (from referring school) _____ Date ____/____/____

Signature, Parent/Guardian/Eligible Student _____ Date ____/____/____

Printed Name, Principal/Designee of Referring School _____ Date ____/____/____

Signature, Principal/Designee _____ Date ____/____/____