

# Centennial Alternative Placement Team Criteria for Decision-Making

Date Initiated \_\_\_\_\_ Counselor \_\_\_\_\_

Student Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Gr. \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

School Attending/Last Attended \_\_\_\_\_ Student ID# \_\_\_\_\_

Risk Factors	Yes	No
Student is on track for graduation?		
Student has attendance issues (90% or less)?		
Student is failing 1 or more core classes this year?		
Student is a move-in from an alternative placement?		
Student presents a safety risk at his/her current school? (risk assessment completed?)		
Student has been diagnosed with an acute mental health condition?		
Student's basic needs are being met outside of school?		
Is the student receiving services from an outside provider (attach contact information)?		

Total credits earned: \_\_\_\_\_

# of Behavioral Referrals: \_\_\_\_\_

Total credits still needed: \_\_\_\_\_

# of Out of School Suspensions: \_\_\_\_\_

LA credits earned: \_\_\_\_\_

MA credits earned: \_\_\_\_\_

SC credits earned: \_\_\_\_\_

Student's Strengths	Student's Challenges

***\*Please attach information related to credits earned, current grades, attendance, behavioral referrals, interventions attempted, test data, etc.***

Based on the data collected, please list the interventions attempted and indicate whether or not those interventions were found to be effective:

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What indicators would predict this student would succeed in an alternative environment?

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Post-school outcomes related to College and Career:

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Does the student have a 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have an Individualized Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes:

Is the student making progress on his/ her IEP goals?	Yes	No
Does the student have/need behavioral goals?	Yes	No
Has an FBA been initiated?	Yes	No

Attach evidence of IEP process: IEP, Progress Reports, Student work samples, FBA progress monitor, FACTS worksheet, Behavior Intervention Plan, etc..

**Alt. Placement/Team Recommendation:**

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Name	Signature	Agree	Disagree

\*If in disagreement please attach a written explanation of concerns

*Please give a copy to Assistant Principal's Secretary and the Director of Student-Services*

*For Student to Complete:*

1. Please explain why you would like to attend CHS or CPS (circle school). What has worked or not worked for you at your current school? If you feel it has not worked, what have you already tried to make your current school more successful?

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How many credits do you have? \_\_\_\_\_ What year do you intend to graduate? \_\_\_\_\_

2. Describe your strengths related to school.

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3. What are your challenges related to school?

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4. Please list what you commit to doing to make this school placement a success:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

5. What high school do you intend to graduate from? CHS CPS Other (Specify) \_\_\_\_\_

6. What is your plan after graduation?

4-Year College Community College Trade School Work Undecided

7. What careers or areas of interest might you pursue after graduation?

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Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# CONSIDERATION FOR CENTENNIAL HIGH SCHOOL CLASS

Current School \_\_\_\_\_

Date Initiated \_\_\_\_\_

Student Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ Gr. \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home# \_\_\_\_\_ Work # \_\_\_\_\_

Student ID# \_\_\_\_\_

Special Education  504  ELL  TAG

Attach copy of IEP/504/TAG Plan

## SCHOOL REQUEST

Request to Attend CHS

Reason for Request: (Check one)

- Supported work experience
- Parenting class
- Coursework not offered at CLC
- Sports/PE or extra-curricular activities
- Transitioning to CHS full-time

Courses requested:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

## Decision of Alternative Placement Team

Approved

Disapproved

Date \_\_\_\_\_

Approved

Disapproved

CHS Principal \_\_\_\_\_

CPS Principal \_\_\_\_\_