



Glenn Stratton Learning Center

Please email the completed application to abelanger@gwh.org I will share information with my education and clinical team and respond to you promptly. Thank you for your interest in GSLC.

School Year 2022-2023

Date of Referral: _____

Student's Full Name: _____ D.O.B.: _____

Grade Placement : _____

Parent's/Guardian's Name: _____

Address: _____

Current Parent Phone Number _____

Parents have been informed of this placement option. _____ YES / _____ NO

Parents support this placement. _____ YES / _____ NO

PRIMARY REASON FOR REFERRAL:

Describe why an alternate placement is needed at this time:

When does student need placement?

Is there a current Day Treatment IEP?

What intervention strategies and positive behavior supports were not successful to address the problems (administrative and instructional):

STUDENT BACKGROUND INFORMATION:

School Performance:

_____ Low Achievement

_____ Over-age for grade

_____ Poor Attendance

_____ Retained in grade(s):

_____ Inconsistent or no effort

_____ No extracurricular

Has attended ___ Schools in ___ years. (# of school changes since kindergarten.)
Referral for Day Treatment in the past?

_____ No / _____ Unknown / _____ Yes: date (___ / ___ / ___)

Reason for referral: _____

Outcome of referral: _____

BEHAVIOR:

History of behavior problem: _____ No / _____ Yes, since grade _____.

Please check the types of behavior that apply:

- | | |
|---|---|
| <input type="checkbox"/> discrimination | <input type="checkbox"/> assault |
| <input type="checkbox"/> disrespect | <input type="checkbox"/> bus behavior |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> insubordination |
| <input type="checkbox"/> defiance | <input type="checkbox"/> inappropriate attire |
| <input type="checkbox"/> fighting | <input type="checkbox"/> harassment |
| <input type="checkbox"/> Possession of weapon | <input type="checkbox"/> stealing |
| <input type="checkbox"/> profanity or vulgarity | <input type="checkbox"/> cheating |
| <input type="checkbox"/> class disruption | <input type="checkbox"/> verbal/written threats |
| <input type="checkbox"/> bullying | <input type="checkbox"/> sexual harassment |
| <input type="checkbox"/> extortion | <input type="checkbox"/> leaving campus |
| <input type="checkbox"/> Possession of controlled substance | <input type="checkbox"/> Tobacco violations |
| <input type="checkbox"/> other (_____) | |

BEHAVIOR (cont.):

Suspensions this school year: _____ Detentions this school year: _____

Attendance this school year: _____ Expulsion this school year: _____

If Expulsion is there a current plan in place? _____ (if yes, please attach)

Past involvement with courts: _____ No / _____ Yes, when: (___ / ___ / ___)

Current involvement with courts: _____ No / _____ Yes, when: (___ / ___ / ___)

General Health: _____

MENTAL / PHYSICAL HEALTH:

Medical Issues: _____

Medical health diagnosis: _____

Toileting issues: _____ No / _____ Yes: describe: _____

Other:

_____ Student has received mental health services.

_____ Records attached

_____ Records have been requested

Inpatient? _____ No / _____ Yes, when: (___ / ___ / ___)
Outpatient: _____ No / _____ Yes, when: (___ / ___ / ___)

SOCIO-ECONOMIC:

- | | |
|------------------------------------|---------------------------------------|
| _____ Free/reduced lunch | _____ Family disruption |
| _____ Family moves frequently | _____ Not living with natural parents |
| _____ Low educational expectations | _____ Student is a parent |
| _____ Student is expecting a child | |

Other issues that may impact student's behavior and/or academic progress:

Days absent this year: _____ Days absent last year: _____

Student received the following services prior to referral:

- | | |
|--|------------------------------------|
| _____ academic support | _____ guidance |
| _____ crisis counseling | _____ truancy court |
| _____ referral to outside agency | _____ family counseling |
| _____ credit recovery | _____ special education evaluation |
| _____ Occupational therapy | _____ medical evaluation |
| _____ bullying intervention | _____ Speech/Language |
| _____ social skills development groups | |
| _____ Other: _____ | |

Currently on probation: _____ No / _____ Yes:

PO Contact Info: _____

What are the expected measureable outcomes of this placement?

_____ These goals have been shared with the student and his/her family.

How will the student's response to this placement be evaluated?

(Ex. Improved grades/ discipline record

DATE OF IEP MEETING CONFIRMING OUT OF DISTRICT PLACEMENT:

Administrator Requesting Placement: _____

District: _____

Phone: _____ Email: _____

Please list names and contact information of someone who is knowledgeable of the student's current functioning:

Please attach the following documents:

- Current IEP
- Latest Evaluations
- Current Transcripts
- Last Written Notice
- Restraint/Seclusion reports
- Release of Information for GSLC
- Anything else that may support placement decisions

Director of Special Education, GSLC: _____

___ N/A ___ Approved ___ Rejected*

*Reason for rejection: _____
