**Glenn Stratton Learning Center**

Please email the completed application and email to [lsandy@gwh.org](mailto:lsandy@gwh.org) & [abernatchez@gwh.org](mailto:abernatchez@gwh.org). We will share information with the Admissions Team and respond to you promptly. Thank you for your interest in GSLC.

**School Year 2025-2026 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 \_\_\_\_\_Retained in grade(s):

\_\_\_\_\_Over-age for grade \_\_\_\_\_Inconsistent or no effort

\_\_\_\_\_Poor Attendance \_\_\_\_\_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:**

\_\_\_discrimination \_\_\_assault

\_\_\_disrespect \_\_\_bus behavior

\_\_\_Intimidation \_\_\_insubordination

\_\_\_defiance \_\_\_inappropriate attire

\_\_\_fighting \_\_\_harassment

\_\_\_Possession of weapon \_\_\_stealing

\_\_\_profanity or vulgarity \_\_\_cheating

\_\_\_class disruption \_\_\_verbal/written threats

\_\_\_bullying \_\_\_sexual harassment

\_\_\_extortion \_\_\_leaving campus

\_\_\_Possession of controlled substance \_\_\_Tobacco violations

\_\_\_other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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 measurable 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
* Adaptive Behavior Assessment, i.e., Vineland, BASC, etc.
* Functional Behavioral Assessment
* Risk Assessment
* Documentation of last vision and hearing screening
* Birth certificate
* Release of Information for GSLC
* Anything else that may support placement decisions

Director of Special Education, GSLC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_N/A \_\_\_\_ Approved \_\_\_\_Rejected\*

\*Reason for rejection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rev: 8/22/2024