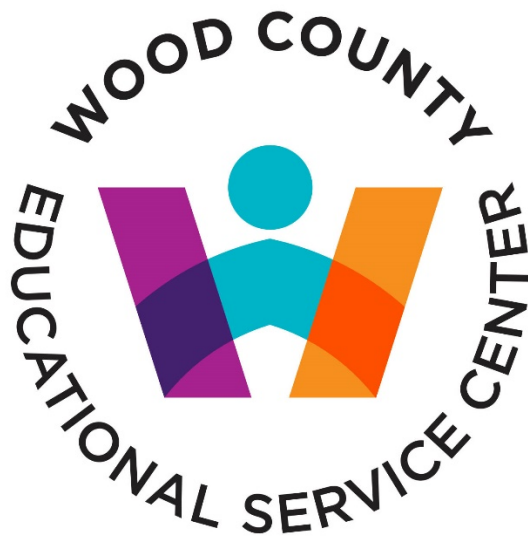


Wood County Alternative School Intake Packet 2020-2021



A Wood County Educational
Service Center Program

Mission Statement:

The Wood County Alternative School is committed to providing relevant educational opportunities, behavioral interventions, and service learning experiences for at-risk students in a safe and supportive environment.

Philosophy:

All students are worthy of dignity and respect.

We believe in providing an opportunity for effective, positive change for students through community cooperation, and parental involvement.

We believe in providing the student with the opportunity to master the skills necessary to return to a traditional school setting.

Goals:

1. To provide relevant educational opportunities for all students
2. To provide necessary behavioral interventions for all students
3. To provide comprehensive service learning experiences for all students
4. To provide a safe learning environment for all students
5. To provide a supportive school environment for all students

School District Guidelines:

1. Regular visitation by a designated building representative of the home school district is necessary to keep a tight linkage, and to create a successful transition between the Alternative School and the home school.
2. It is the responsibility of the home school to send information between student, parent/guardian, and school personnel.
3. All transportation is the responsibility of the home school.
4. The home school is responsible for the submission of the required form which includes information on individual student needs.
5. The home school is responsible for sending work, tests, answer keys, ect. for short term placement students.

This referral form must be complete with parent/guardian, student, and superintendent signatures.

Student Name: _____

Required:

- Emergency medical form
- Free/reduced lunch paperwork
- Computer usage form
- Transportation form
- Rules page
- Field trip form
- Photo ID form
- Authorization for administration of medication
- Consent/contract form

Needed Items:

- IEP (if applicable)
- ETR (if applicable)
- Student agenda book
- Current transcript
- Cumulative file
- Attendance history
- Suspension history

Case Manager: Christy Spontelli, Education Coordinator

1012 South Dunbridge Road
Bowling Green, Ohio 43400
419-353-4406

Long Term Placement

Referral Date: _____ Student Name: _____

Referral Source: _____ School District: _____

Position: ___ Superintendent ___ Principal ___ Other

Referral Source Phone Number _____

Reason for Placement

___ In lieu of expulsion

___ Other: Explanation _____

Length of expulsion/alternative assignment: From (date): _____ To (date): _____

Specific Incident leading to this referral: Check all that apply

___ Failing grades ___ Truancy/poor attendance ___ Language/disrespect

___ Non-compliance ___ Poor social or relational skills ___ Drugs/alcohol problem

___ Threatening behavior ___ Depression ___ Transfer from state facility

___ Sexualized behavior ___ Oppositional/defiant behavior

___ Explain: _____

Identifying Information:

Student Address: _____

Date of birth: _____ Legal guardian? ___ Mother ___ Father ___ Both Other: _____

Guardian/Parent Name _____ Home Phone: _____

Work Phone: _____

Address _____

Parent Name _____ Home Phone: _____

Work Phone: _____

Address if different _____

Educational History

Building of current attendance _____ Grade _____ # Credits _____

Current Educational Placement Program

___ Regular education ___ Vocational ___ CBI ___ Other: _____

Currently on an IEP: ___ Yes ___ No Case Manager _____

Please describe: _____

Current performance Deficits

Check areas of difficulty and describe the student's current performance in each area:

Academic

___ Reading ___ Written Language ___ Math
___ Social studies ___ Science ___ Other _____

Behavioral

___ Lying ___ Inappropriate Language ___ Insubordination
___ Verbal Threats ___ Physical Threats/Fights ___ Other _____

Has Special Education placement ever been pursued for the student?

___ No ___ Yes, Please explain: _____

Recommended goals for this student during placement at the Alternative School:

Student Data

Previous Nine Weeks - Expulsion(s)-List with Dates

Cumulative Information

GPA _____

SSID# _____ (statewide identifier)

Credit Record	State Minimum GY 2014 & beyond	Credit Earned to date	Remaining Credits	Alternative School Credits Earned
English Language Arts	4			
Health	1/2			
Mathematics	4			
Physical Education	1/2			
Science	3			
Social Studies	3			
Electives	5			
Other Requirements ⁶	Economics/Financial Literacy-Requirement met in _____ class/grade level. Has not been met: _____ Fine Arts- Requirement met in _____ class/ grade level. Has not been met: _____			

Course Enrollment Form

Student Name _____

Grade: _____ **Year:** _____ **District:** _____

Please select the courses in which you would like the student to be enrolled. For complete course descriptions please see the Course Description Form located at <http://www.wood.k.12.oh.us/alternative-school>

High School Courses

Language Arts

Mathematics

Electives

English I

Integrated Math I

Fitness Lifestyle Design*

English II

Integrated Math II

Personal & Family Finance

English III

Integrated Math III

Career Success*

English IV

Integrated Math IV

Music Appreciation

Pre-Algebra

Gothic Literature

Science

Algebra 1

Mythology and Folklore

Biology

Algebra 2

History of the Holocaust

Earth Science

Geometry

Human Geography

Environmental Science*

Pre-Calculus

Great Minds in Science

Physical Science

Statistics*

Health Science-Whole Individual

Health

Trigonometry

Life Management Skills*

Physics

Thinking & Learning Strategies

Chemistry

Social Studies

Real World Parenting

Economics

Geography

Government

US History

World History

*Course is ½ a credit. All other courses are 1 credit

Credit Recovery/Independent Study

If any of the above selected courses are for credit recovery or independent study credits, please list these below. These courses will be assigned consecutively following successful completion.

Credit Recovery	Independent Study
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Middle School Courses

Language Arts (choose two)

- Basic Reading
- Basic Writing
- Grammar
- Literature
- School & Job Skills
- Writing

Mathematics

- Math Grade 6
- Math Grade 7
- Pre-Algebra

Social Studies

- American History
- World History

Electives

- Career Exploration
- Orientation to Art 2D
- Photography Drawing with Light
- Reading 1
- Journalism

Science

- Life Science
- Earth Science

- Physical Science

Guidance Counselor _____ Date _____

Signature

Consent/Contract Statement

I have participated in the referral process and I consent to:

Exchange of information relevant to my child's Alternative School Program between/among the following persons or agencies.

- Alternative Program Operating Committee*
- The Children Resource Center
- Wood County Juvenile Court
- Wood County Educational Service Center Staff
- Home School _____

Address

Telephone #

Attendance Guidelines:

Times for the Alternative school will be from 8:00 a.m. to 2:00 p.m. Students must not be on school property before 7:45 a.m. and must be off school property by 2:15 p.m. Special transportation arrangements will be considered on a case by case basis, with prior requests.

Doctor/Parental notes required for all absences

Other

Field Trip Form

ALL SCHOOL RULES, REGULATIONS, AND POLICIES ARE ENFORCED ON EVERY TRIP

Student's statement: I agree that I will follow all school rules while on any Wood County Alternative School field trip.

Student Signature

Date

Parent/Guardian's Statement I understand that field trips are an important component.

I understand that the school, the administration, teachers, etc., will take all reasonable and prudent precautions to provide a safe trip. Students are required to attend all field trips.

Parent/Guardian Signature

Date

Photo Identification Release Form

I give the Alternative School permission to take my student's photograph for the purpose of identification . If in the case of an emergency, it will be shared with emergency personal. Photos may be used to highlight positive activities at the ALC.

Parent/Guardian Signature

Date

Alternative School Administration of Medication to Student Parent/Guardian Permission

I hereby authorize, request, and give my consent to store and supervise the administration of the medication listed above for my child at the times and dosages already noted.

I release the Alternative School Program and all employees from any liability or damages resulting from the consequences or adverse reactions of my child's taking, or failing to take, this medication at the times prescribed. I also understand that if the medication dosage is changed, I must submit a new "Physician Permission" form indicating the change. I also acknowledge that all medication must be in the original container in which it was purchased, including original prescription label. Alternative School personnel cannot be responsible for missed or forgotten doses.

I authorize the school to contact _____ (physician's name), to acquire information which may be needed regarding prescribed medication.

Parent/Guardian Signature

Date

**Alternative School Administration of Medication to Student
Physician Permission**

The following student is under my care and should receive the medication indicated below. It is not possible to arrange for this medication to be taken at home under the supervision of a parent therefore it must be taken during school hours.

Name of Student _____ Age _____ Grade _____

Address _____

Name of prescribed medication, dosage, and method of administration

Date to begin and end if relevant: Begin _____ End _____

Administration times or intervals:

Adverse or severe reactions that should be reported to the physician: _____

Special instructions for administration of medication: _____

Physician's Signature Phone Number Date

Classroom Rules

1. Students are to follow all regulations from home/school handbooks and from Juvenile Court.
2. Students will work on assigned materials and activities at all times. Drawings pertaining to gangs, sex or drugs will not be permitted.
3. Students need prior permission before bringing any personal items to the Alternative School.
4. Students will put personal belongings in assigned areas. These may be retrieved only with permission from the teacher.
5. Students will stay in their assigned space. Students may not touch other students in any way, especially including public display of affection.
6. Students will dress appropriately baseball caps and sunglasses are not permitted in the building. Any clothing which refers to gang, sex or drugs is not permitted. Inappropriately tight, too short, or pants to loose will not be allowed. Clothing with a hood is not permitted in the classroom. Pajama pants are not permitted to be worn nor are multiple layers of pants/shorts.
7. Students are not permitted to have any electronic devices, hand-held video game, or phone in class. These must be turned in at the start of the day.
8. Those in possession of illegal substances (tobacco, alcohol, or drugs) or weapons will be prosecuted.
9. Students will use appropriate language and voice tone at all times toward all adults and peers.
10. Students must be on time. Loitering outside the building is not permitted. Once the student arrives at the school, he or she must report immediately to the classroom.
11. Students are not permitted on home school district property without prior authorization from home school administration.
12. Rule interpretation will be left to teacher discretion.
13. I agree to submit to random physical searches of property.
14. I will participate in ALC school programming and activities.

Failure to follow any of the above rules may result in consequences varying in severity from a warning, to being withdrawn from the program, to taking legal action.

I will follow the rules set forth by the Alternative School Program. I will accept personal responsibility for my actions and I am aware of the consequences for breaking the rules.

Student Signature

Date

I will insure that my student follows the rules set forth by the Alternative School Program and I am aware of the consequences for breaking the rules.

Parent/Guardian Signature

Date

I agree to enforce and support disciplinary recommendations of the Alternative School Staff.

School Official Signature

Date

Please contact the Wood County Alternative School for questions and student placement.

Wood County Alternative School

126 South Church Street

Bowling Green, Ohio 43402

419-308-3329

Mrs. Kimberly Campbell, Teacher. kcampbell@wcsc.org