



**ALBA Proactive Placement Request**

Referred by (name and title): \_\_\_\_\_ Date: \_\_\_\_\_ Phone/email: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ ID# \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Class of: \_\_\_\_\_ HS Credits: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Check if applicable:** ☐ Special Education

☐ 504

☐ MHRS Services (Gen Ed or Special Ed)

☐ Substance Abuse Prevention Services

☐ Child Welfare Services

☐ Psychiatry

☐ Other

☐ Homeless/Foster

☐ EL (translator needed: Yes ☐ No ☐ ) Language: \_\_\_\_\_

☐ Medical; ID ) \_\_\_\_\_

☐ Probation

☐ Behavioral Health (therapy)

☐ SD Regional Center

IEP Case Manager Name (if applicable): \_\_\_\_\_ Date of consult: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

MHRS Provider Name (if applicable): \_\_\_\_\_ Date of consult: \_\_\_\_\_

**Please answer the following questions to the best of your availability. The purpose of these questions is to assess student needs and effectiveness of current interventions.**

<p>1. <b>Reason for Referral: Please be specific - How and why would this student benefit from attending ALBA?</b></p>	
<p>2. <b>Describe the student's strengths, likes, interests, extra-curricular activities, and community involvement.</b></p>	



<p>3. <b>List recent incidents and interventions implemented to address the behaviors.</b> (Parent Meeting, Disciplinary Actions, BSR, BIP, Restorative Practices, SpEd Assessment/ Referral, Home Visit, etc.)</p>	
<p>4. <b>Living Situation</b></p>	<p>Who does the student live with?</p> <p>Who is the legal guardian ?</p> <p>Who holds Ed Rights?</p> <p>Describe family dynamics (divorce/separation, single-parent household, parent/teen conflict, sibling conflict)</p>

5. Is the parent/guardian agreeable to this referral? ☐ Yes ☐ No

Please attach the following information:

- ☐ PowerSchool Summary of Behavior Incidents
- ☐ Attendance Summary
- ☐ Current Schedule
- ☐ Current Grade Summary
- ☐ Transcript
- ☐ Current IEP or 504 (if applicable)
- ☐ Copy of BIP
- ☐ Other: \_\_\_\_\_

**Office Use Only:**

- ☐ Referral Accepted and Approved
- ☐ Requires More Information
- ☐ Referral Declined. Reason:
- ☐ Other/Notes:
- ☐ Site Notified. Date:



**PROACTIVE Placement**  
ALBA Community Day School

**To be completed by the sending school:**

Date: \_\_\_\_\_

Sending School: \_\_\_\_\_ Sending Administrator: \_\_\_\_\_

\_\_\_\_\_ is being referred for a PROACTIVE placement at ALBA Community Day  
(Student Name)

School. Based on the information shared by the family and obtained by the school, the student would be attending ALBA to focus on growth and progress in the following areas:

(select all that apply)

☐ Attendance ☐ Academics ☐ Behavior ☐ Other: \_\_\_\_\_

Brief explanation for why those areas of growth and progress were selected:

Administrator Signature: \_\_\_\_\_

**To be completed by student, parent, and ALBA staff:**

☆ I, \_\_\_\_\_, understand that in order to support the continuity of my learning, to not disrupt the earning of credits, and to ultimately return to \_\_\_\_\_, I must attend ALBA Community Day School until I successfully complete my program, which can take a minimum of one full semester. In order to return to my previous school site, I will demonstrate growth/progress in the following areas:

☐ Attendance ☐ Academics ☐ Behavior ☐ Other: \_\_\_\_\_

☆ In addition, I will also participate in the following group(s):

☐ Individual/Group Therapy ☐ UPAC ☐ Other: \_\_\_\_\_

**I understand that not demonstrating growth or progress, or participating in the indicated groups, may prevent me from returning back to \_\_\_\_\_ and that I may be referred to another program/school.**

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Administrator: \_\_\_\_\_