

ALT-ED FORM #1: HIGH SCHOOL CRITERIA FOR AT-RISK IDENTIFICATION
(completed by a representative of the Referring School)

Student Name _____ **Age** _____ **Grade** _____
Referring District _____ **Application Date:** ____/____/____

At-Risk Indicator	Points
Low socio-economic or minority status	1 point
Teacher, counselor, or principal referred	1 point
GPA below 2.0 (if YES, please write in the current GPA _____)	1 point
Retained at any point in educational years	2 points
Credit deficiencies for graduation with their entering class a. 2 credits or less behind = 1 point b. 3-5 credits behind = 2 points c. 6-7 credits behind = 3 points d. 8 credits for more behind = 4 points	Fill in the resulting point value in this box:
State testing deficiencies	1 point
Behavioral Interventions/disciplinary consequences a. Full day served in ISS on 2-5 occurrences = 1 point b. Full day served in ISS on more than 5 occurrences = 2 pts c. Out of school suspension on 1-2 occurrences = 3 points d. Out of school suspension on 3 or more occurrences = 4 pts	Fill in the resulting point value in this box:
Attendance (excluding medical and any kind of suspension) a. Absent 10 or less days = 1 point b. Absent more than 10 days = 2 points	Fill in the resulting point value in this box:
Personal crisis or trauma (ex: drug/alcohol abuse, suicide attempts, placement outside of home, abuse/neglect, pregnancy/parenting)	3 points
Transience within last 3 years (movement from school to school) a. Attended 2 school districts in last 3 years = 1 point b. Attended 3 school districts in last 3 years = 2 points c. Attended 4 or more school districts in last 3 years = 3 pts	Fill in the resulting point value in this box:
Oklahoma Juvenile Authority (OJA) involvement. If YES, please list in what capacity or violation _____	1 point
Department of Human Services (DHS) involvement. If YES, please list in what capacity _____	1 point
Previously or currently involved in legal court proceedings If YES please list the when/what of the violation _____	1 point
Previously or currently enrolled in an Alternative Education program	2 points
(Add up the points in the right column) → Total Points =	

Completed by: _____ **Date:** ____/____/____
Position of school official completing this form: HS Principal HS Counselor

ALT-ED FORM #2: 5 STAR ALTERNATIVE LEARNING ACADEMY

REFERRAL FORM

(completed by a representative of the Referring District)

Student Name _____ Age _____ Grade _____

Date of Referral ____/____/____

Referring School District	
Referring School Principal	

REASON FOR REFERRAL (check ALL that apply to this student):

- _____ Credit Deficiencies
- _____ Excessive Disciplinary Issues
- _____ In Crisis (pregnancy, drug abuse, family trauma, etc.)
- _____ Lack of Motivation
- _____ Low GPA
- _____ Mental Health Issues (depression, anxiety, etc.)
- _____ Physical Health Issues
- _____ Poor Attendance
- _____ Social Withdrawal
- _____ Other reason(s): _____

Has student previously attended 5-Star Academy or any other alternative programs? Yes No
If YES, which alternative program did the student attend? _____

Does this student have a current IEP ? Yes No
If YES, describe area(s) addressed by the IEP _____

Any special comments or factors that should be considered when reviewing this referral?

Referring Principal Signature _____ Date: ____/____/____

ALT-ED FORM #3: 5 STAR ALTERNATIVE LEARNING ACADEMY
STUDENT INFORMATION FORM
(completed by parent/guardian or a representative of the Referring District)

Student Name _____ Date ____/____/____

DOB ____/____/____ Age ____ Grade ____ Gender ____ Race _____

Student Address _____ City _____ Zip _____

Student Cell Phone ____ - ____ - ____ Student School Email _____

Parent/Guardian Name _____

Parent Address _____ City _____ Zip _____

Parent Phone Numbers:

Cell number: ____/____/____

Home number: ____/____/____

Work number: ____/____/____

Parent Email Address _____

Completed by: _____ Date: ____/____/____

Who completed this form: Parent/Guardian HS Counselor HS Counselor

ALT-ED FORM #4: 5-STAR ALTERNATIVE LEARNING ACADEMY
PARENT/GUARDIAN SURVEY
(completed by parent/guardian)

Student Name _____ Date ____/____/____

1	What are the main reasons for your child's lack of success in the traditional school environment?
2	Why do you want your child to attend the 5-Star Alternative Learning Academy?
3	Describe your child's interactions with other students and with authority figures.
4	What else should be know about him/her while considering this application?
5	Has your child ever been on an IEP? List his qualifying areas and/or special needs.
6	Is your child currently under the care of a counselor, psychologist, or psychiatrist? List the treatments.
7	Is your child currently being administered/supervised by the juvenile justice system. List the conditions.

Parent Signature _____ Date: ____/____/____

ALT-ED FORM #5: 5-STAR ALTERNATIVE LEARNING ACADEMY
PARENT/GUARDIAN CONTRACT
(completed by parent/guardian)

I, as parent/guardian of _____, request that my child be enrolled in the 5-Star Alternative Learning Academy. If my child is accepted, I formally agree to the following:

1	To support all 5-Star policies and procedures;
2	To allow my child to participate in required counseling provided onsite by ROCMND Area Youth Services, Inc.;
3	To abide by all Northeast Career Tech policies and procedures;
4	To have my child ride the Career Tech bus from the home district site and back each day;
5	To promote my child's consistent attendance and notify the 5-Star instructor if my child is going to be absent;
6	To monitor my child's grades and keep track of his/her continuous academic progress, progress reports, and report cards.

Parent Signature _____ **Date:** ____ / ____ / ____

ALT-ED FORM #6: 5-STAR ALTERNATIVE LEARNING ACADEMY
STUDENT SURVEY
(completed by student)

Student Name _____ Date ____/____/____

DOB ____/____/____ Age _____ Grade _____ School District attending _____

Check any of the following that may explain your lack of success in your regular school:

- | | |
|---|---|
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Family Crisis |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Frequent Disciplinary Referrals |
| <input type="checkbox"/> Chronic Health Problems | <input type="checkbox"/> Frequent Moves from School to School |
| <input type="checkbox"/> Difficulty following School Rules | <input type="checkbox"/> Lack of Effort & Motivation |
| <input type="checkbox"/> Drug or Alcohol Use | <input type="checkbox"/> Low Self Esteem |
| <input type="checkbox"/> Excessive Absences | <input type="checkbox"/> Pregnant or already a Parent |
| <input type="checkbox"/> Excessive Zeros/Missing Work | <input type="checkbox"/> Poor Academic Skills |
| <input type="checkbox"/> Failure to Respect Authority | <input type="checkbox"/> Social Withdrawal/Isolation/Depression |
| <input type="checkbox"/> Other reasons - please list: _____ | |

1	Describe why you want to attend 5-Star Alternative Learning Academy.
2	What changes are you willing to make in order to be success at 5-Star if you are accepted?
3	What career would you like to pursue after graduation from high school?
4	What are your greatest strengths at school?
5	What are areas that you must improve in order to be successful at 5-Star?

Student Signature _____ Date: ____/____/____

ALT-ED FORM #7: 5-STAR ALTERNATIVE LEARNING ACADEMY
STUDENT CONTRACT
(completed by student)

IF accepted into the 5-Star Alternative Learning Academy:

I, _____, agree to abide by all rules, policies, and procedures of 5-Star Alternative Learning Academy and Northeastern Career Teach. I understand that failure to do so will result in removal from the 5-Star Alternative Learning Academy. I also understand that I am responsible for learning and knowing the contents of the student handbook, and continued attendance at 5-Star is based upon my regular attendance, behavior, and continuous academic progress.

While attending 5-Star or participating in 5-Star related activities I agree to:

1	Follow all 5-Star policies and procedures;
2	Participate in required counseling provided onsite by ROCMND Area Youth Services, Inc. in a cooperative manner;
3	To abide by all Northeast Career Tech policies and procedures;
4	Ride the Career Tech bus from the home district site and back each day;
5	Actively participate in class and complete/submit all assignments on a regular basis;
6	Not be under the influence, use, possess, distribute, or sell any harmful substances including tobacco, vaping, alcohol, or illicit/illegal drugs.
7	Not participate in violence, make threats of violence against others, or possess any type of weapon;
8	Not use profanity, use vulgar language, or engage in inappropriate conversations;
9	Respect other students and all school employees;
10	Work independently and quietly while using the computer to do my required work in an honest manner meeting the target date for completion of my courses.

Student Signature _____ **Date:** ____ / ____ / ____

ALT-ED FORM #8: 5-STAR ALTERNATIVE LEARNING ACADEMY
STUDENT INCENTIVE PROGRAM CONTRACT
(completed by student)

IF accepted into the 5-Star Alternative Learning Academy:

I, _____, understand that I may be excused from attending 5-Star in Wyandotte on a Friday and allowed to work virtually at home **IF** the following requirements are met:

1	Must have PERFECT attendance for Mon, Tue, Wed, Thur for the week;
2	Must have a attendance rate of 90% or higher for the semester;
3	Must have PERFECT behavior for the week;
4	Must have an <u>ACTUAL GRADE</u> of 80% or higher for ALL courses that have been started;
5	Must be ON PACE or AHEAD OF PACE for <u>ALL</u> courses that have been started;

If ALL of the above 5 conditions have been met for the current week by the end of the day on Thursday, the student will be notified verbally and via email that they are excused from attending 5-Star in person for the specified Friday.

Student Signature _____ **Date:** ____ / ____ / ____