

Fall River Public Schools
Resiliency Preparatory Academy
Referral Packet
Middle Level

Student Name

Base School

Date Referred to RPA Review Team/Base School Review Team

***All Information must be complete for the intake process to take place**

***Please attach all X2 Conduct, Journal and attendance information**

***See page 4 for additional information needed**

***If request for Special Ed. testing has been signed, referral to RPA may not be made until testing is complete**

**Fall River Public Schools
Transition Committee Checklist**

Student's Name _____ SASID # _____

Referring School _____ Grade _____ DOB: _____ Age: _____

Date Completed

- _____ Copy of RTI Folder
- _____ Counselor Referral for Alternative Education Program Form
- _____ Parental Notification of Referral Form
- _____ Emergency Contact and Medical Information
- _____ Copy of cumulative record
- _____ Copy of recent disciplinary record from X2 (beg. of school year – present)
- _____ Copy of Functional Behavioral Assessment (if applicable)
- _____ Copy of recent report card
- _____ Copy of recent attendance record from X2 (beg. of school year – present)
- _____ Individual Education Plan (IEP) (if applicable)
- _____ Copy of X2 Journal Entries (most current school year)
- _____ Documentation of successful behavior as documented by behavior modification tracking forms
- _____ Other (example Mental Health, residential facility, etc.)

Sending Schools - Transition Committee Member Approval/Disapproval

Member	Signature Approval	Signature Disapproval
Base/Sending School Principal		
Base/Sending School Counselor		
Classroom Teacher		
SPED Representative (SPED only)		

Transition Committee's Recommendation:

- Refer to RPA
- Retain in regular education program at base school
- Retain in Special Education program at base school
- Attempt other interventions at base school

Date referral packet was submitted to District Alternative Review Team _____

Date



Fall River Public Schools
Emergency Contact and Medical Information

(PLEASE fill in up to date information - Do not just attach X2 Information)

Student's Name: _____
Last First Middle

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Language: _____

Preferred e-mail address for school-related issues: _____

Parent/ Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Preferred e-mail address for school-related issues: _____

1st Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

Preferred e-mail address for school-related issues: _____

2nd Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

Preferred e-mail address for school-related issues: _____

Physician: _____ Phone: _____

Address: _____

Documented Medical Problems:

Allergies: _____

Daily Medications: _____

Fall River Public Schools
Parental Notification of Alternative Referral Form
(To be completed by sending school prior to referral)

PARENT MUST SIGN ACCEPTING THE REFERRAL OR APPEALING PRIOR TO INTAKE

Date: _____

To: _____

Parent(s) of _____

Your child has been referred for placement at Resiliency Preparatory Academy for the following reasons:

Appeal Process:

The superintendent or his/her designee will be available to meet with you to discuss this matter upon appeal. You will need to file an appeal with the superintendent within 5 days of the decision from RPA. The superintendent's office will then inform you of a date, time and place of a meeting to give you and your child an opportunity to discuss this matter.

Sincerely,

Principal

School

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I understand that my child _____ has been referred by officials at his/her school for placement in an alternative education program and that I will be given an opportunity to discuss my child's placement with the superintendent or his/her designee upon appeal. Please indicate your preference below:

[] Would like to appeal/discuss with the superintendent or his/her designee

[] Would not like to discuss with the superintendent or his/her designee

Parent Signature

Date

Fall River Public Schools
Review Team Recommendation Form

Student's Name: _____ DOB: _____ Age: _____
 School: _____ Grade: _____ SASID Number: _____
 Parent / Guardian: _____ Phone: _____
 Address: _____

Date of Meeting: _____ Time: _____ Type of Meeting: ___ Entrance ___ Exit

Required Documentation: (check if documentation present)

<input type="checkbox"/>	Copy of RtI Folder	<input type="checkbox"/>	Copy of cumulative record	<input type="checkbox"/>	Copy of recent report card
<input type="checkbox"/>	Counselor Referral for Alternative Education Program Form	<input type="checkbox"/>	Copy of recent disciplinary record	<input type="checkbox"/>	Copy of recent attendance record
<input type="checkbox"/>	Parental Notification of Referral Form	<input type="checkbox"/>	List of academic grades by subject area	<input type="checkbox"/>	Individual Education Plan (IEP) (if applicable)
<input type="checkbox"/>	Documentation of medical problems	<input type="checkbox"/>	Documentation of daily medications	<input type="checkbox"/>	Emergency Contact Information
<input type="checkbox"/>	Copy of functional behavior assessment (if applicable)	<input type="checkbox"/>	Handbook Notification Receipt	<input type="checkbox"/>	Behavior Modification tracking forms
<input type="checkbox"/>	Alternative Education Counselor's notes	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Base School Member Approval/Disapproval

Member	Signature Approval	Signature Disapproval
Director of Base School		
Base School Counselor		
Classroom Teacher		
SPED Representative (if applicable)		

Requires a majority decision.

Decision: (check one)

- Student may enroll at RPA on _____ (date)
 Student will continue enrollment at Base School
 Student may return to his or her base school on _____ (date).
 Base school will attempt other intervention(s)
 Student will remain at RPA until _____ (date).
 Returned to base school due to incomplete documentation.

Comments:

(If necessary, attach additional notes)