

Fall River Public Schools
District Alternative Referral Packet
Middle Level

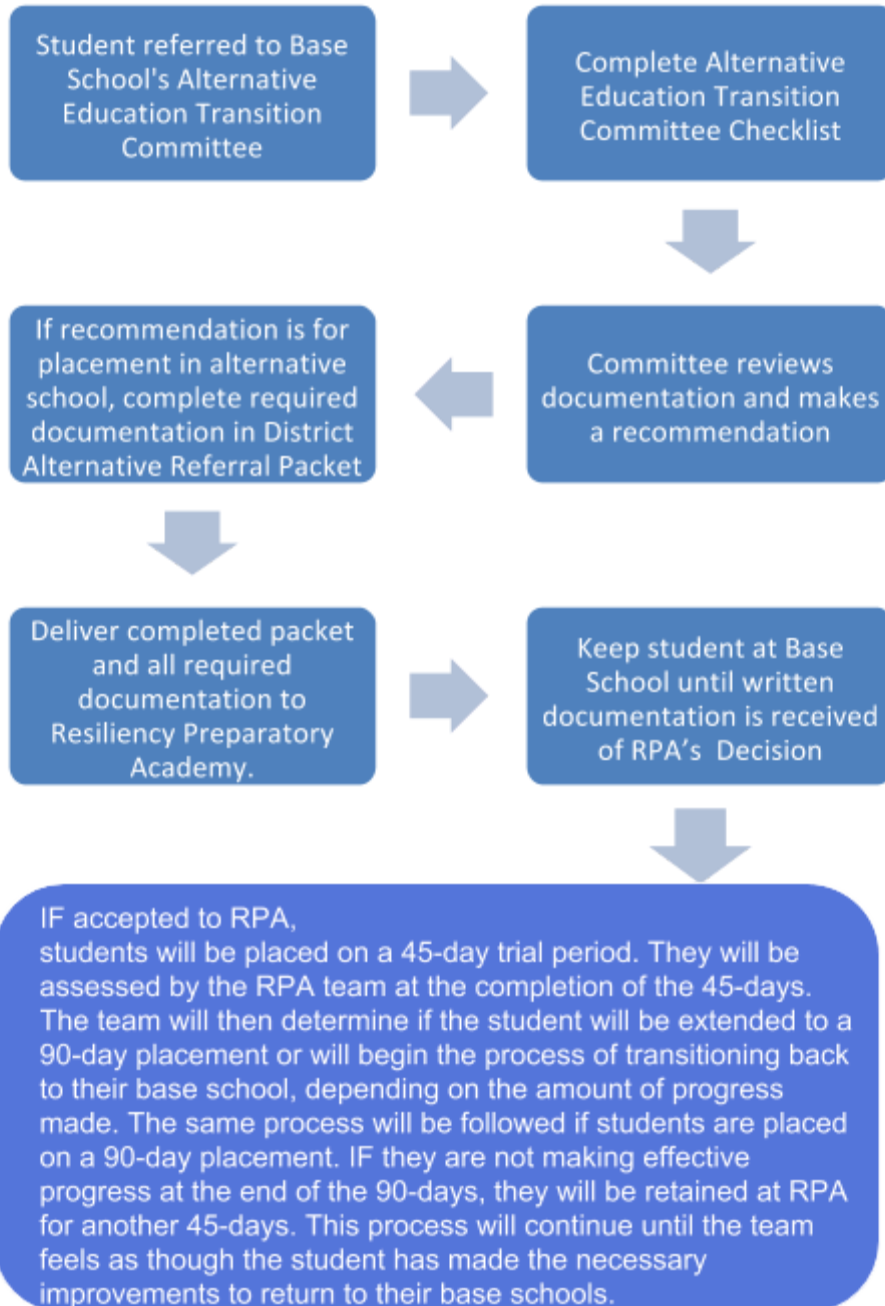
Student Name

Base School

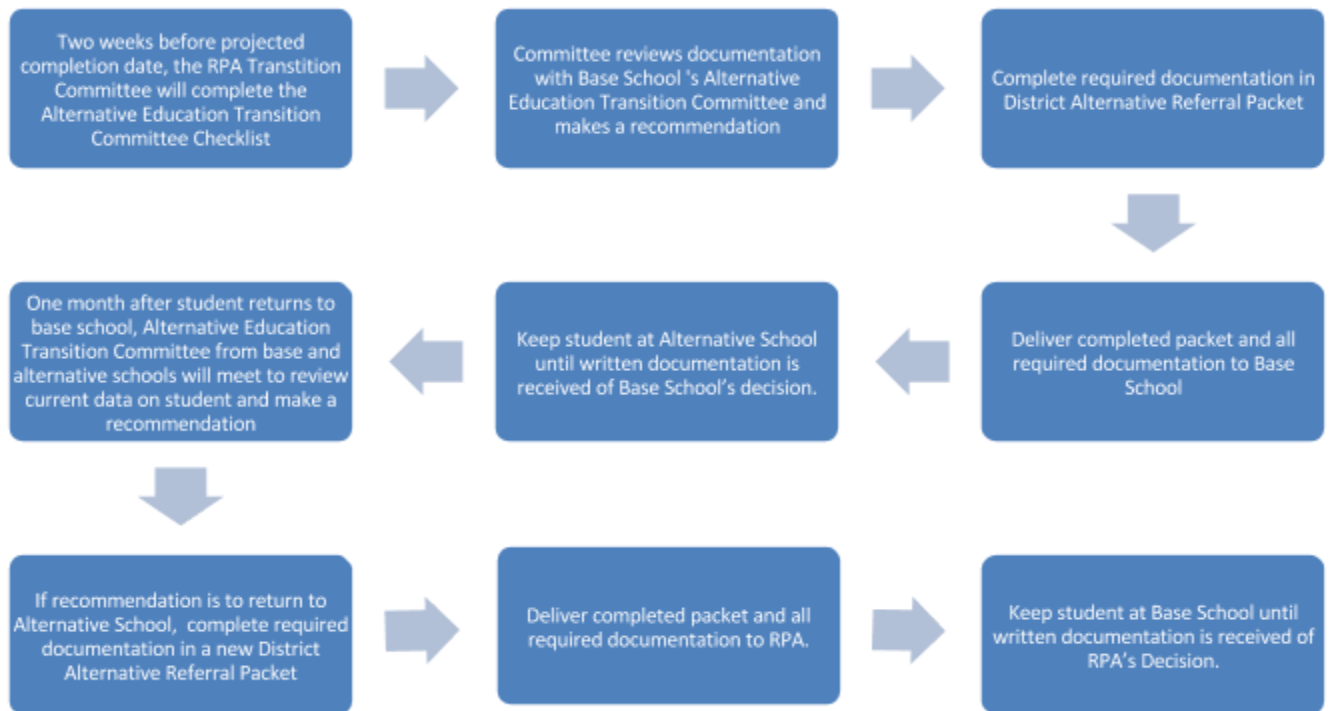
Date Referred to RPA Review Team/Base School Review Team

**Please attach all X2 Conduct, Journal and attendance information
See page 4 for other needed information**

**Fall River Public Schools
RPA Entrance Process**



**Fall River Public Schools
RPA Exit Process (Back to sending school)**



**Fall River Public Schools
RPA Transition Committee Checklist**

Student's Name _____ SASID # _____

Referring School _____ Grade _____ DOB: _____ Age: _____

Check one: Entrance Referral Exit Referral

Date Completed * - Required for SPED and regular education students

- _____ Copy of RtI Folder (Entr/Exit)
- _____ Counselor Referral for Alternative Education Program Form (Entr) *
- _____ Parental Notification of Referral Form (Entr) *
- _____ Handbook Notification Receipt (Entr) *
- _____ Emergency Contact and Medical Information (Entr) *
- _____ Copy of cumulative record (Entr) *
- _____ Copy of recent disciplinary record from X2 (beg. of school year – present) (Entr/Exit) *
- _____ Copy of Functional Behavioral Assessment (if applicable) (Entr)
- _____ Copy of recent report card (Entr/Exit) *
- _____ Copy of recent attendance record from X2 (beg. of school year – present) (Entr/Exit) *
- _____ Individual Education Plan (IEP) (if applicable) (Entr/Exit) *
- _____ Copy of X2 Journal Entries (most current school year)
- _____ RPA Counselor's notes (Exit) *
- _____ List of academic grades by subject area earned while at RPA (Exit) *
- _____ Documentation of successful behavior as documented by behavior modification tracking forms (Exit) *
- _____ Other (example Mental Health, residential facility, etc.) *

ENTRANCE

I verify that this packet is complete and that the student's records are ready to be reviewed by the District Alternative Review Team.

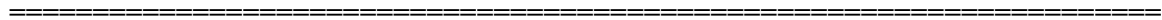
RPA Transition Committee Member Approval/Disapproval

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



EXIT (TO BE COMPLETED BY RPA WHEN STUDENT COMPLETES 45 DAY PLACEMENT)

I verify that this packet is complete and that the student's records are ready to be reviewed by the District Alternative Review Team.

Alternative Education Transition Committee Member Approval/Disapproval


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

Transition Committee's Recommendation:

- Continue at RPA
- Transfer to regular education program at base school
- Transfer to Special Education program at base school

Date referral packet was submitted to District Alternative Review Team _____
=====

Student has a probation officer? YES NO DON'T KNOW	Name: _____	Phone: _____
Student has been in treatment? YES NO DON'T KNOW	Facility: _____	Phone: _____
IN-PATIENT OUT-PATIENT	Dates Attended _____	
	Contact Person _____	

<i>Area</i>		<i>Description</i>	<i>Other</i>
Mood/Behaviors		Anxious/worried	
		Depressed/unhappy	
		Eating disorder/body image concerns	
		Hyperactive/inattentive	
		Shy/withdrawn	
		Aggressive behaviors	
		Stealing	
		other	
School Concerns		Homework not turned in/not complete	
		Low test/assignment grades	
		Poor classroom performance	
		Sleeping in class/always tired	
		Sudden change in grades	
		Frequently tardy or absent	
		New student	
		Other	
Relationships		Bullying	
		Difficulty with family members	
		Illness/death in family	
		Parents/divorced/separated	
		Suspected abuse	
		Suspected substance abuse	
		Parent request	
		other	

Counselor's Recommendation

- Refer to RPA
- Retain in base school regular education
- Attempt another intervention

Counselor's Signature

Date

Fall River Public Schools
Parental Notification of Alternative Referral Form

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

=====

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
RPA/Base School Review Team Recommendation Form**

Student's Name: _____ DOB: _____ Age: _____

School: _____ Grade: _____ SASID Number: _____

Parent / Guardian: _____ Phone: _____

Address: _____

Referral Program Type: _____ RPA _____ Return to Base School

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"/>	

RPA Member Approval/Disapproval

Member	Signature Approval	Signature Disapproval
Director of RPA		
Base school Principal/Vice Principal		
RPA Counselor		
SPED Representative (if applicable)		

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)