

McKinley ALC  
216 8<sup>th</sup> Ave N  
Waite Park, MN 56387

Student name: \_\_\_\_\_  
LAST FIRST

D.O.B. \_\_\_\_\_

Grade/Graduation Year: \_\_\_\_\_

### **MCKINLEY AREA LEARNING CENTER REFERRAL FORMS**

The attached forms are to be completed by school personnel from his/her home school.

1. **GRAD LETTER** – lists the credits left to earn and commits students' home school to issue the diploma upon completion and receipt of necessary credits from ALC.
2. **REFERRAL FORM** – outlines important information needed by ALC staff to develop an individualized program for the student.
3. **CONTINUAL LEARNING PLAN** – is required by the State of MN for all ALC students and describes instructional goals to be addressed.
4. **ALC REGISTRATION** – this form should be completed by parent/guardian of the student wishing to attend any of the ALC programs.
5. **STATEWIDE ENROLLMENT OPTIONS FORM** – this form is to be filled out by the parent/guardian of a non-resident student (only enclosed in non-district referral packets).

**REFERRAL PACKET MUST ALSO INCLUDE A TRANSCRIPT, DISCIPLINE REPORT, ATTENDANCE REPORT & IMMUNIZATION RECORD BEFORE THE REFERRAL WILL BE CONSIDERED. WHEN APPLICABLE, PLEASE INCLUDE AN IEP, ER AND BEHAVIOR PLAN.**

When the Area Learning Center receives the above completed forms, they will be reviewed and it will be determined whether this student may enroll under the High School Graduation Incentives Program. If this student is currently identified as handicapped and has an IEP, a review staffing to which parents need to be invited, will be scheduled prior to his/her placement. This staffing is required by district policy and state and federal regulations. The student, parent/guardian, or advocate will then be contacted by the Area Learning Center to discuss enrollment procedures or education options.

Please e-mail [april.kipka@isd742.org](mailto:april.kipka@isd742.org), fax or mail the completed referral packet to McKinley.

If you have questions, please feel free to contact us at (320)370-6790. Sincerely,

William Sininger, Principal

Richard Chakolis, Assistant Principal

**COUNSELOR** – Please fill out this form for all students

**MCKINLEY AREA LEARNING CENTER**

216 8<sup>th</sup> Avenue North

Waite Park, MN 56387

Phone: 320-370-6790 Fax: 320-370-6889

Date:	School:	Does student have an IEP: Yes <input type="checkbox"/> No <input type="checkbox"/>
Counselor:		Counselor Phone #:
Student's Last Name:	First Name:	Middle Name:
ID# (For District 742 Students):	MARSS# (For students out of district 742):	
Graduation Year (GSY): 20 _____	Date of Birth: _____/_____/_____	

Please list classes and/or credits this student has yet to complete to satisfy your schools graduation requirements and indicate the duration of your grading periods.

1 Credit = \_\_\_\_\_ hours of class

Classes Required for Diploma:

Subject	Number of Credits
MCIS	Acknowledged on Grad Letter
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
<b>Total Credits Needed</b>	

Trimester Classes: \_\_\_\_\_

Semester Classes: \_\_\_\_\_

All Year Classes: \_\_\_\_\_

## McKinley Area Learning Center Referral Form

Student ID#	School	Graduation Year
Students Last Name	First	Middle

**Referral is based on issues pertaining to one or more of the following:**

**ATTENDANCE** Yes  No  Attach attendance report

Family Dynamics	Truant to Classes	Employment
Mental Health	Truant to School	Transportation
Chemical Health	Run Away	Sleep Disturbance
Physical Health	Other	

Comments: \_\_\_\_\_

**ACADEMICS** Yes  No  Attach transcripts  Exit Grades

Doesn't actively participate in class(es)	Willing	On track to graduate
Doesn't get along well in class(es)	Unwilling	Fails quizzes or tests
Can't keep pace with the class(es)	Behind in credits	Unable to complete assignments

Comments: \_\_\_\_\_

**PERSONAL CIRCUMSTANCES** Yes  No  Attach legal documents

Working in excess of 20 hours per week	Restraining order - Party involved _____
Teen Parent	Receiving assistance from an outside agency
Pregnant – due date	On probation - Probation officer _____
Taking prescribed medications	Scheduled to appear in court - Date _____
Mental Health problems	Physical or sexual abuse
Homeless	Chronic diagnosed illness / physical health

Comments: \_\_\_\_\_

**DISCIPLINE** Yes  No  Attach discipline report

Fighting	Weapons
Drugs	Threats

Comments: \_\_\_\_\_

**ELL** Yes  No  Attach Access Scores

Basic	Intermediate
Beginning	Advanced

Comments: \_\_\_\_\_

**Learning Environment / Style Preferences**

	Can work independently		Benefits from a set schedule or routine
	Enjoys group activities		Needs flexible programming
	Contributes to class discussions		Wishing to accelerate

**Personal Attributes**

	Mature for age		On an IEP or 504 plan
	Immature for age		Responsible; will follow through
	Positive feeling about school		Negative feeling about school
	Motivated in scholastic efforts		Apathetic in scholastic efforts
	Other		

Star Test Scores

Math \_\_\_\_\_ Reading \_\_\_\_\_  
 Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_

Are attempted interventions documented on Ties? Yes  No  Attach information on interventions

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MCA Scores \_\_\_\_\_

Does Student want to return to home school? Yes No

Describe re-entry plan specific criteria for returning to home school.

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**Counselor Program Recommendations**

	SHAP – Day School
	Recovery School
	Night School
	Summer School

**Rationale for program recommended** \_\_\_\_\_

**Student or Parent if requesting an ALC placement - Please give specific reasons for request.**

**Special Education** Yes  No

Yes  No

**MCIS Updated**

\_\_\_\_\_ Phone # \_\_\_\_\_  
Counselor Signature Date

\_\_\_\_\_ Date  
Administration Signature

**Please enclose:** Transcript  Exit Grades  Discipline Reports  IEP   
Grad Letter  Intervention  Attendance Reports  Evaluation

**Legal Forms:** Surrogate  Parent  Legal Custody  Power of Attorney   
Restraining Order  PO Info  County Info  Other – Important Info

## AREA LEARNING CENTER REGISTRATION

Date _____		STUDENT INFORMATION			
Last Name		First Name		Middle Name	
Student's Address Apt. #		City		State	Zip Code
Home Phone Number	Students Cell Phone Number		Grade	Year of Graduation	
Date of Birth ____ / ____ / ____	Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Student's E-Mail Address	
Birthplace: City / State / Country		District of Residency	Last School Attended	Has the student ever attended a public school in St. Cloud? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you moved to this school district within last 3 years to find a job in agriculture, fishing, dairy or poultry work as a temporary or seasonal worker? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If the student was not born in the USA indicate the date the student was first enrolled in a USA school? _____					
STUDENT LIVES WITH: Check all that apply					
<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Foster Parents	<input type="checkbox"/>	Mother/Step Father	<input type="checkbox"/>	Father/Step Mother
<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Other Relative:	<input type="checkbox"/>	Other:
<b>Student's Ethnicity</b> —Check only one		<b>Student's Race</b> —Check all that apply		<b>Student's Language:</b>	
<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Hispanic/Latino	Language student first learned to speak?	
<input type="checkbox"/>	Asian Pacific Islander	<input type="checkbox"/>	Alaskan Native	Language student normally uses at home?	
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Native Hawaiian or Pacific Islander		
<input type="checkbox"/>	Black (not Hispanic origin)	<input type="checkbox"/>	American Indian/Alaskan Native	Language parent most frequently uses to speak with Child?	
<input type="checkbox"/>	White(not Hispanic origin)	<input type="checkbox"/>	Black/African American	Language student normally uses with friends?	
		<input type="checkbox"/>	White		
		<input type="checkbox"/>	Asian		
PARENT(S) / GUARDIAN (S) INFORMATION					
Parent / Guardian		Last Name	First Name		Relationship to Student
Address		City	State	Zip Code	E-Mail Address
Home Phone	Cell Phone		Employer / Occupation		Work Phone
PARENT(S) / GUARDIAN (S) INFORMATION					
Parent / Guardian		Last Name	First Name		Relationship to Student
Address		City	State	Zip Code	E-Mail Address
Home Phone	Cell Phone		Employer / Occupation		Work Phone

PHYSICIAN / DENTIST INFORMATION	
Physician or Doctors Office	Phone
Dentist or Dentist Office	Phone

EMERGENCY CONTACT INFORMATION - PARENT WILL BE CONTACTED FIRST IF YOU CAN'T BE REACHED, WE WILL CONTACT ONE OF THE FOLLOWING EMERGENCY CONTACTS			
Name		Relation to Student	
Address	City	State	Zip Code
Home Phone Number		Daytime or Work Phone Number	Cell Phone Number

SECOND EMERGENCY CONTACT			
Name		Relation to Student	
Address	City	State	Zip Code
Home Phone Number		Daytime or Work Phone Number	Cell Phone Number

THIRD EMERGENCY CONTACT			
Name		Relationship to Students	
Address	City	State	Zip Code
Home Phone Number		Daytime or Work Phone Number	Cell Phone Number

STUDENT INFORMATION	
Does the student have a job Yes <input type="checkbox"/> No <input type="checkbox"/> If yes name of employer _____	

CHECK ALL THAT APPLY - Have you received any of the following services:			
<input type="checkbox"/> Special Education	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Taking Medication	<input type="checkbox"/> Social Security
<input type="checkbox"/> Chemical Health	<input type="checkbox"/> Teen Parent	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Military
<input type="checkbox"/> Are you staying in a shelter or other temporary housing			
<input type="checkbox"/> Social Services	Name of social worker _____	<input type="checkbox"/> Probation Officer	Name of probation officer _____

Signature of Person Registering Student:	Relationship to Student:
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FOR OFFICE USE ONLY:	Student's Starting Date: _____
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Diploma School <input type="checkbox"/> Tech <input type="checkbox"/> Apollo <input type="checkbox"/> Other _____
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MARSS State ID Number:	742 ID Number Assigned:
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