

RIVERVIEW GARDENS

SCHOOL DISTRICT

ACE Program

Alternative Education Recommendation Process

Recommendation Process

1. Complete Alternative Education Recommendation Packet
 - a. Alternative Education Recommendation Face Sheet
 - i. IEP Profile Sheet
 - ii. I-Team Forms and Data
 - iii. SIS Behavior Log
 - b. Application for ACE
2. Obtain approval from Principal, Director of Alternative Education, and Director of Special Education (if student has IEP)
 - a. If Not Approved
 - i. Packet will be returned to school with rationale and recommendations
 - b. If Approved
 - i. The packet will be reviewed by a team with representatives from ACE and the Home School.
3. Hold ACE/Home School Intake Team review(i.e. ACE Rep, Principal, Counselor, Director of Alternative Education, SSD Case Manager)
 - a. Review all relevant data from student data file
 - b. Discuss relevant behavioral observational data
 - c. If Student has IEP
 - i. Categorize student as RED or YELLOW or GREEN according to Services Matrix
 - ii. Assess current SSD ACE service capacity to accept this student given the above data and student need
 - d. Does a trial period need to be utilized? If so, what amount of time will be given?
 - e. Make final determination if ACE is appropriate for student

Intake Process:

1. Hold ACE Intake meeting
 - a. If IEP (ACE Representative, Current SSD Case Manager, ACE SSD Case Manager, SSD Social Worker, Parent, and student when appropriate)
 - i. Make IEP recommendations and ACE Case Manager completes IEP amendment

RIVERVIEW GARDENS

SCHOOL DISTRICT

Return Process:

1. Before the student's last scheduled week at ACE, home school administration, counselor and IEP case manager (**home school CM and ACE CM**, if applicable) review the student's academic successes, behavior and attendance. They may request specific information from ACE administration.
2. A reinstatement conference is held with the student, parent, administrator, counselor, **IEP case manager (if applicable)** and others as the administrator feels needed. The director of the student's ACE site, teacher or middle school coordinator may be invited to this meeting.
3. A plan or goals are set for the student so he/she may be provided with strategies to be successful within the home school setting. The student may be placed on probation or a contract for a specific period of time.
4. Follow up meetings and communication with parent may be needed to ensure the student has the opportunity to succeed in his/her home school.

RIVERVIEW GARDENS
SCHOOL DISTRICT

ACE Program
Alternative Education Recommendation Face Sheet

Student's Name: _____

Parent's/Guardian's Names: _____

Contact Phone Number(s): _____

Student's Home School: _____ **Grade Level:** _____

IEP: YES or NO

Area Coordinator and Case Manager were informed of the referral: YES or NO

Rationale for attending alternative education: _____

Criteria for returning to home school: _____

Prior Interventions: Behavior and/or Academic: _____

Intervention I-Team: Yes or No

Results of Intervention I-Team or other interventions: _____

Current Reading Level and Assessment: _____

The following are attached:

IEP Profile Sheet (if IEP): Yes or No **I-Team Plan and Data:** Yes or No

SIS Behavior Log: Yes or No

Date to return to home school: _____

Approved: YES NO

Signature of Principal

Date

Approved: YES NO

Jarret Smith, Director of Alternative Education

Date

Approved: YES NO (If student has an IEP)

Chad Lent, Director of Special Education

Date

RIVERVIEW GARDENS
SCHOOL DISTRICT

Application for Achievement,
Commitment, Excellence
(ACE) Program

Application Given Out By: _____

On: _____

Please Print

Student Name _____ Student ID _____
Date of Birth _____ Last _____ First _____ M.I. _____
Age _____ Gender: Male / Female (please circle)
Street Address _____ City _____ Zip Code _____ Home Phone _____
Name of Parent/Guardian with whom you live _____ Parent's Work Number _____ Parent's Cell Number _____ Student's Cell Number _____
Parent/Guardian email address _____ Student's email address _____

School Currently Enrolled _____ Enrolled and attending Enrolled but not attending Credits Completed _____

Please check whichever, if any of these, apply or have applied in the past to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Poor attendance | <input type="checkbox"/> Poor self-esteem | <input type="checkbox"/> Self-contained |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Teen parent | <input type="checkbox"/> Special School District Services |
| <input type="checkbox"/> Health related issues | <input type="checkbox"/> Gang-related problems | <input type="checkbox"/> Special Education/Resource |
| <input type="checkbox"/> Failing grades | <input type="checkbox"/> Run-away | <input type="checkbox"/> Married or living with boy/girlfriend |
| <input type="checkbox"/> Deficient credits | <input type="checkbox"/> Family problems | <input type="checkbox"/> C D involvement |
| <input type="checkbox"/> Disruptive behavior | <input type="checkbox"/> Need to work | <input type="checkbox"/> Family Court involvement |

Other issue/concern: _____

Student Information:

Why do you want to attend the ACE program? _____

Preferences

ACE Center Site - Please rank with 1, 2 or 3 (your most preferred site being 1):

___ Lewis and Clark ___ West Florissant ___ Chambers

ACE Center Sessions- Please rank with 1, 2 or 3 (your most preferred site being 1):

___ 7:00-10:00 ___ 10:00-1:00 ___ 1:00-4:00

For Office Use Only

Receives SSD Services yes no Date Application Received _____
 Admitted to ACE Program - Start Date _____ Application Number _____
 Will be attending: ___ Lewis and Clark ___ West Florissant ___ Chambers Session 1 2 3
 Not admitted - comments: _____

RIVERVIEW GARDENS
SCHOOL DISTRICT

TO BE COMPLETED BY STUDENT APPLICANT

Where do you see yourself in 5 years? _____

Have you met with anyone at your current school about your future goals? Please explain. _____

My hobbies are _____ My favorite subject in school is _____

I understand that acceptance to the ACE Program is by selection only, and it is intended for students who are “at -risk” of dropping out of school or who are experiencing difficulty in a traditional school environment.
I understand that the ACE Program is a program of “choice” for only those students having a strong desire to further their education and complete their requirements for graduation.
I want to be considered for enrollment in the ACE Program and will perform with a positive attitude, be a responsible student, maintain good attendance, be punctual to each class, and achieve to the very best of my ability each day.
I understand that in order to remain on the ACE waiting list to enter the program, I must remain enrolled and attending school on a daily basis.
I have carefully reviewed and understand the application form.

Student Signature

Date

TO BE COMPLETED BY STUDENT’S PARENT/GUARDIAN

Do you agree with your child in his/her desire to attend the ACE Program? yes no
Why do you want your child to attend the ACE Program? _____

I understand the selection process of the ACE Program and that my child’s application will remain on the waiting list until a spot opens for him/her to be admitted into the ACE Program.
I understand that in order for my student to remain on the ACE waiting list to enter the program, he/she must remain enrolled and attending school on a daily basis.
I will be attending the screening interview with my child when it has been scheduled.
I understand that my child will begin classes at ACE within one to two days after the screening interview has taken place.
I understand that it is my responsibility to insure transportation for my child to and from the ACE site he/she has been assigned to on a daily basis.

Parent/Guardian Signature

Date

ACE student suggested services Matrix

<u>High Classroom Readiness/Low Academic Skill</u> *Moderate amount of service min's (i.e. 30-90min) *Moderate/various levels of independent student	<u>High Classroom Readiness/Commensurate Academic Skill</u> *Least amount of service min's (i.e. Consultative services, 20min direct) *Most independent level of student
<u>Low Classroom Readiness/Low Academic Skill</u> *Most amount of service min's (i.e. 30-100+min) *Most dependent level of student	<u>Low Classroom Readiness/Commensurate Academic Skill</u> *Moderate amount of service min's (i.e. 30-60min) *Moderate/various levels of independent student

Key:

Classroom Readiness is defined as a student's ability to maintain positive behaviors in the school environment

Academic skill is defined as a student's ability to independently complete grade level school work and activities

Note:

-Total weekly ACE student attendance minutes: 900min/week

-Total serviceable minutes available (per schedule) to students: 195min/week

-These minutes reflect a maximum of 21% of a student's time at ACE able to be serviced by a Special Education Teacher

**Any student who is in the Special Education setting at their home school for more than 50% of the day, the IEP team needs to discuss appropriateness of placement

Suggested service minute for rubric:

High CR/Comm AS: Mostly Consult

High CR/Low AS: 30-90min/week

Low CR/Comm AS: 30-60min/week

Low CR/Low AS: 30-100+min/week

Confidential Student Profile Sheet 2015-2016

Student: _____ Grade: _____ Date: _____

Case Manager: _____ Phone: _____

Disability: _____

IEP due date: _____ Re-evaluation due date: _____

Goals:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Special Education minutes per week (include adult support):

Goal Area	Minutes/week	Setting	Service provider

***Attach the Present Level of Academic Achievement and Functional Performance**

***Accommodations/Modifications:** No _____ Yes/attached _____

***Behavior Intervention Plan:** No _____ Yes/attached _____

Your signature indicates that you have received a copy of this profile sheet, including required accommodation(s) and/or modification(s) in the general education setting.

Teacher: _____ Teacher: _____

Teacher: _____ Teacher: _____

Teacher: _____ Teacher: _____

Teacher: _____ Teacher: _____

Paraprofessional: _____ Paraprofessional: _____