

## CDAP Alternative Placement Team Checklist Cover Sheet

Student Name: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Referring Administrator: \_\_\_\_\_ Phone Number: \_\_\_\_\_ **Criminal/DOE/School Code:** \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date Suspension Ends: \_\_\_\_\_ Date Expulsion ends: \_\_\_\_\_

**REASON FOR REFERRAL:** Briefly describe the incident(s) responsible for alternative placement request:

Regular and Special Education Information		Additional Special Education Information	
<input checked="" type="checkbox"/>	Items which <b>must</b> be attached:	<input checked="" type="checkbox"/>	Items <b>must</b> be included in addition to the items listed in the column to the left:
<b>Behavioral Information</b>			
<input type="checkbox"/>	Student Information Summary Printout (DELSIS/E-School)	<input type="checkbox"/>	Current I.E.P.
<input type="checkbox"/>	Incident Report or Attorney Generals Report	<input type="checkbox"/>	Building Meeting Notice
<input type="checkbox"/>	Police Report (if applicable)	<input type="checkbox"/>	Manifestation Determination Form
<input type="checkbox"/>	Building Level Conference Summary	<input type="checkbox"/>	Most recent psychological
<input type="checkbox"/>	Extension of Suspension Form	<input type="checkbox"/>	DVR Counselor name if applicable
<input type="checkbox"/>	Statements (if applicable)	<input type="checkbox"/>	Senior "Performance Summary"
<input type="checkbox"/>	Photo or Copy of Weapon/Dangerous Instrument (if applicable)		
<input type="checkbox"/>	Current Year Discipline Summary		
<input type="checkbox"/>	Attendance Record for current Year		
<b>Academic Information</b>		<b>District Code of Conduct</b>	
<input type="checkbox"/>	Most Recent Report Card	<input type="checkbox"/>	District Code of Conduct given to student/parent
<input type="checkbox"/>	Present Grades in all Classes		Parent informed that student remains under District Code of Conduct while in CDAP Program
<input type="checkbox"/>	Credit needs for student		
<input type="checkbox"/>	Senior project needs	<input type="checkbox"/>	
<input type="checkbox"/>	Copy of transcripts		
<input type="checkbox"/>	Previous School Year GPA and Current School Year GPA		
<input type="checkbox"/>	D.S.T.P. Scores Printout		
<input type="checkbox"/>	Copy of I.I.P. (if applicable)		
<b>Other Information</b>		<b>DOE Regulation 611 followed</b>	
<input type="checkbox"/>	Immunizations	All members of the District Alternative Placement Team represented per DOE regulation.	
<input type="checkbox"/>	Building-level interventions prior to the referral		
<input type="checkbox"/>	504 Plan (if applicable)		
<input type="checkbox"/>	SSP (Student Success Plan) student account info. & password		
<input type="checkbox"/>	Verification of receipt of Student Code of Conduct		
<input type="checkbox"/>	Free/reduced lunch		
<input type="checkbox"/>	Copy of Student emergency card		
<input type="checkbox"/>	Copy of FBA is completed		

### DISTRICT OFFICE USE ONLY

#### Alternative Placement Team Attendees:


District contact person & phone number

**Name of Alternative Program to which student has been assigned:** \_\_\_\_\_

**Projected length of stay in alternative program** \_\_\_\_\_ **days**      **Date of Meeting:** \_\_\_\_\_

*The District alternative Placement Team Meeting **WILL NOT** be scheduled with incomplete information.*