

Alternative School Packet Requirements for Committee Review
Checklist for Principal

Student: _____ School: _____

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| <p>___ documents are complete with proper grammar and spelling</p> <p>___ eSchool student summary page</p> <p>___ student transcript</p> <p>___ present grades in all classes</p> <p>___ most recent report card</p> <p>___ building level conference summary – conference with student and his/her parent(s)/guardian(s) (Student Code of Conduct) name, title and signature of person who wrote the summary</p> <p>___ previous school year GPA and current school year GPA (if applicable)</p> <p>___ state test scores</p> <p>___ immunizations/health information document</p> <p>___ incident report (if applicable)</p> <p>___ copy of all suspension papers (with upgrades or extension of suspension days)</p> <p>___ police report (if applicable)</p> <p>___ behavioral reports – current year discipline summary</p> <p>___ attendance reports (current year)</p> <p>___ statements from student witness or witnesses; statement includes date, printed name, and signature (if applicable)</p> <p>___ statements from adult witness or witnesses; statement includes date, printed name, and signature (if applicable)</p> | <p>___ statements from victim(s); statement includes date, printed name and signature (if applicable)</p> <p>___ statements from student accused of code violation(s); statement includes date, printed name and signature (if applicable)</p> <p>___ Functional Behavioral Assessment (FBA) - Child Find mandate</p> <p>___ Positive Behavior Support Plan (BSP) or Behavioral Intervention Plan (BIP) - Child Find mandate</p> <p>___ interventions prior to the referral</p> <p>___ photograph or copy of weapon/dangerous instrument (if applicable)</p> <p>___ 504 plan (if applicable)</p> <p>___ SSP (student success plan) student account information and password (if applicable)</p> <p>___ verification of receipt of student code of conduct</p> <p>___ free/reduced lunch document (if applicable)</p> <p>___ copy of student emergency card</p> <p>___ teacher/counselor behavioral evaluation documents</p> <p>___ Consortium Discipline Alternative Programs (CDAP) document</p> |
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Principal's Signature: _____

Date: _____