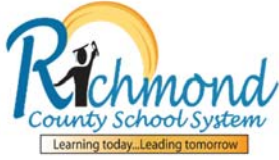


# PERFORMANCE LEARNING CENTER APPLICATION



## PLC APPLICATION



Student must attempt 9<sup>th</sup> grade a full year at least once to be considered for admission to the Performance Learning Center.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student's Phone \_\_\_\_\_

Student's personal email address \_\_\_\_\_

Zoned School \_\_\_\_\_ Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Grade Level \_\_\_\_\_ Name/Title of Referring Person \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Other Relatives  Foster Home

Other \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Parent email address \_\_\_\_\_

Student employment status:  Currently employed  Seeking Employment  Unemployed

Employer's Name \_\_\_\_\_

Employer's Location \_\_\_\_\_

Employer's Phone \_\_\_\_\_

**Has the parent/guardian of this student been notified of this referral?**  YES  NO

**STUDENT STATEMENT: Briefly comment on why you want to attend the Performance Learning Center.**

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Please help us understand the needs of your referral by checking all that apply:

# PERFORMANCE LEARNING CENTER APPLICATION

## Primary Reason for Referral to Performance Learning Center

- Academic Failure – not enough Carnegie Units
- Excessive Absenteeism - absences impeding child's education
- Excessive Tardiness - late to class
- Apathy/Indifference to Education – no interest in school
- Social Issues: student exhibits poor self-esteem/does not interact well with peers.
- Reading deficiency
- Other (please specify): \_\_\_\_\_

## Academics:

- Retained (held back) one or more years
- Failed 2+ subjects in a recent semester
- Student in need of remediation
- Other: \_\_\_\_\_
- Grades well below potential of student
- Sudden drop in grades

## Excessive Unexcused Absences/Tardiness/Skipping Classes:

- Absent \_\_\_\_\_ days this year
- Frequently leaves before school day is over
- Late to school \_\_\_\_\_ days this year
- Other (please specify): \_\_\_\_\_

## Apathy/Indifference to Education:

- Little/no interest in school
- Student needs to be challenged/Student Bored
- Student does not fit in at school
- Other (please specify) \_\_\_\_\_

## Social Issues

- Low self-esteem
- Does not interact well with peers
- Student does not fit in at school
- Student does not interact well with teachers/school administration

## Discipline Problems/Behavior:

- Routinely demonstrates aggressive or anti-social behavior
- Routinely demonstrates inappropriate, negative, attention - getting behavior
- Has been suspended from school for disciplinary reasons with \_\_\_\_\_ days suspended
- Other: \_\_\_\_\_

Does this student receive SPED services?  Yes  No

Does this student receive services under a 504 plan ?  Yes  No

# PERFORMANCE LEARNING CENTER APPLICATION

Risk Factors:

**Family:**

- |  |  |
|--|--|
| <input type="checkbox"/> Low socioeconomic status                  | <input type="checkbox"/> High family mobility                      |
| <input type="checkbox"/> Parents with low educational levels       | <input type="checkbox"/> Large number of siblings                  |
| <input type="checkbox"/> Does not reside with both natural parents | <input type="checkbox"/> Family disruption                         |
| <input type="checkbox"/> Low Educational Expectations              | <input type="checkbox"/> Sibling has dropped out of school         |
| <input type="checkbox"/> Low parent/guardian contact with school   | <input type="checkbox"/> Lack of family conversations about school |
| <input type="checkbox"/> Victim of Parental Abuse                  | <input type="checkbox"/> Grief/Loss                                |
| <input type="checkbox"/> Other _____                               |  |

**Student:**

- |  |   |
|--|---|
| <input type="checkbox"/> Emotional Disturbance                 | <input type="checkbox"/> High Risk Behavior (e.g. alcohol, drugs) |
| <input type="checkbox"/> Health Issues                         | <input type="checkbox"/> Excessive social activity out of school  |
| <input type="checkbox"/> Over Age for Grade                    | <input type="checkbox"/> High Risk Peer groups (e.g. gangs)       |
| <input type="checkbox"/> Learning Disability                   | <input type="checkbox"/> Student works during school hours        |
|  | <input type="checkbox"/> Student works after school hours         |
| <input type="checkbox"/> Suicidal Tendencies                   | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Teen Parent- Number of Children _____ |   |
- If a teen parent, do children live with student?  Yes  No

Judicial System/Probation

If on court ordered probation:

Probation Officer's Name: \_\_\_\_\_

Phone \_\_\_\_\_

# PERFORMANCE LEARNING CENTER APPLICATION

Student's Name \_\_\_\_\_

## HOME SCHOOL PERSONNEL USE ONLY

Person from home school recommending student to the PLC should complete below and sign.

<b>Attendance</b> _____ # Days excused	_____ # Days unexcused	Is the student planning to drop out? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>On track/ Credit deficient</b> _____ # of units short to be with graduating cohort	The student is completing his/her _____ year in high school.	_____ Cohort Year
Is the student over age for his/her grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of student today	Date of birth
<b>Dependents</b> <input type="checkbox"/> Teen Parent/ Pregnant teen	<input type="checkbox"/> Supporting Self	<input type="checkbox"/> Supporting Other dependents
<b>Behavior</b> Does the student have any violent and/ or sexual offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____ _____ _____	
<b>Priority Ranking (circle one)</b> Consideration:	4- Priority 3 -Serious 2- Standby 1- Ineligible	

\_\_\_\_\_  
**School Personnel Signature**

\_\_\_\_\_  
**Date**

# PERFORMANCE LEARNING CENTER APPLICATION

FOR PERFORMANCE LEARNING CENTER USE ONLY

Student's Name \_\_\_\_\_

## Checklist

Task	Date	Responsible Party
1.Orientation Completed		
2.MAP Scores		
3.Transcript Reviewed		
(All Grades/Credits In and Out of District have been posted to student transcript		
4.Graduation requirement checklist		
5.SPED/504 Transitional Meeting		

DECISION:		
Accepted		
Wait List		
Denied		

Reason for denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLC Administrator/Designee \_\_\_\_\_ Date \_\_\_\_\_