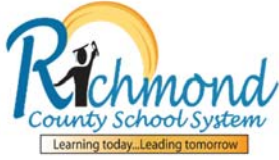


PERFORMANCE LEARNING CENTER APPLICATION



PLC APPLICATION



Student must attempt 9th 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.

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.

Attendance _____ # Days excused	_____ # Days unexcused	Is the student planning to drop out? <input type="checkbox"/> Yes <input type="checkbox"/> No
On track/ Credit deficient _____ # 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
Dependents <input type="checkbox"/> Teen Parent/ Pregnant teen	<input type="checkbox"/> Supporting Self	<input type="checkbox"/> Supporting Other dependents
Behavior Does the student have any violent and/ or sexual offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____ _____ _____	
Priority Ranking (circle one) 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 _____