Northern Neck Regional Alternative Education Program
Northern Neck Technical Center
Governor’s STEM Academy for Agriculture and Maritime Studies
13946 Historyland Highway
Warsaw, Virginia 22572
Telephone: 804-333-4940  Fax: 804-333-0538

Alternative Education Student Information Packet

CHECK LIST of items needed for the Alternative Education School

Student Name: ___________________________________________________

The following items must be completed for entrance into the NNRAE Program:

_____ Powerschool student demographic sheet

_____ Discipline history file

_____ Class schedule

_____ Education and Behavior Plan (if applicable) (IEP, 504 Plan, Behavior Plan)

_____ Staff input forms from each home school teacher

_____ 9 week pacing guides (at least four from home school)

***These must be received before the student begins the NNRAE Program***

_____ English     _____ Math    _____ Science    _____ History

_____ Other, please specify: ________________________________________________

_____ Student / Parent contract signed, understanding of NNRAE rules and policies

This is done at NNTC before the student can start.
Parent/Guardian needs to set up an appointment with NNRAE administration.

__________________________________________  __________________
Home School Administrator’s Signature             Date

To be filled out by NNRAE Staff.
Date Received ______________
Student Information Form

To be completed by the home school. The following information will be used to complete a report to the Department of Education.

Date:__________________  State Testing ID Number:____________________________________

Student’s Full Name:______________________________________________________________

Sex:  Male or Female  Grade:_______  Birth Date:___________  Age:_______

Name of Parent(s)/Guardian(s):___________________________________________________

Home/Primary Phone:___________  Cell:___________  Work:___________

Student’s Living Arrangements:
___ two parents/stepparents  ___ mother only  ___ father only  ___ DJJ or DOC
___ grandparent(s) or adult relative  ___ foster parent(s)  ___ group home

Home Address:______________________________________________________________

City:___________________  State:_______________  Zip:_________

School Division:______________  Alt Ed Enrollment Date:______________

Recommended Length of Placement:____________________________________________

Admission Status:
___ First admission  ___ Second or more admission  ___ Continuing from previous year

Student’s Race/Ethnicity:
___ Hispanic  ___Asian Pacific Islander  ___ African-American/not Hispanic origin
___ Multi-racial  ___ White, not Hispanic origin  ___ American Indian/Alaskan Native

Reason for Enrollment:
1. Suspension for violation(s) of school board policy including pending violations:
   ___ weapons  ___drugs/alcohol  ___ intentional injury
   ___ chronic disruptive behavior  ___ theft  ___combination of these options
   ___ other, please explain_____________________________________________________

2. Released from a youth correctional center:

Name of Center:___________________________  Length of stay:______________
Current Legal Status:

___ charges pending  ___ not before the courts at this time
___ adjudicated for a felony  ___ adjudicated for a misdemeanor
___ currently on supervised probation  Name of Probation Officer: _______________________

Academic status of student upon enrollment (complete all that apply)

___ student has unacceptable rate of absenteeism  Number of days absent: ______
___ student has a diagnosed reading problem
___ student has an IEP or 504 plan  Name of Case Manager: _______________________

SOL Information:
SOL Test(s) Failed: ___________________________________________________________

SOL Test(s) Passed: ___________________________________________________________

Please write a brief paragraph stating what you would like to see the student gain from attending the Alternative School Program.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

This form was completed by _________________________ of __________________________________________

Person’s name filling out form on __________________________.  Department / Title ___________________________  Date ___________________________
Student / Parent or Guardian Contract for the NNRAE Program

Student Name:________________________________________________________

School:_________________________ Grade:_________ Age:________

We the undersigned desire for __________________________ to improve his/her academic performance and behavior. Toward this end, each party agrees as follows:

**Student Section**

I, __________________________ agree that I will:

- Complete all in class and homework assignments.
- Obey all rules of the alternative school including: school rules mentioned in school agenda, as well as specific alternative rules given as part of this packet.
- Actively participate in individual and group guidance/guest speaker activities.
- Not attend any school sponsored events or activities on school property unless permission is received in writing from a home school administrator.
- Follow program dress codes.
- Turn in all electronic devices per policy.

By signing below, I state I have received the necessary rules and regulations, and understand it is my responsibility to follow these rules as part of the requirements to complete the program.

____________________________________________  ________________
Student’s Signature  Date

**Parent/Guardian Section**

I, __________________________ agree that I will:

- Monitor my child’s class work/homework.
- Visit my child’s classroom.
- Provide appropriate clothing to be in compliance with the dress code of the NNRAE Program.
- Provide a lunch and drink for my child (or make arrangements with my child’s school for their lunch, if available).
- Understand the rules and regulations of the NNRAE Program.
- Contact the NNRAE Program if I/we have concerns.
- Understand that this is a partnership between the NNRAE Program and my child’s home school.

____________________________________________  ________________
Parent/Guardian’s Signature  Date

____________________________________________  ________________
Parent/Guardian’s Signature  Date
STAFF INPUT FORM for the NNRAE Program

To be completed by each of the student’s teachers.

It is important that you complete each section and feel free to attach additional information if needed. This information will be used to come up with an educational plan for this student.

ALL ASSIGNMENTS WILL NEED TO BE SENT AT LEAST ON A WEEKLY BASIS FOR THIS STUDENT WHILE HE/SHE IS IN THE NNRAE PROGRAM.

To:_____________________________________________

From:_____________________________________________

Date:_____________________________________________

Return to building Principal by:____________________________

Name of student being assigned:_____________________________________

Subject:_______________________________________________________________

Grades (including average, test grades, homework, project, and daily grades)

________________________________________________________________________________________

________________________________________________________________________________________

Attendance

________________________________________________________________________________________

________________________________________________________________________________________

Behavior (please list specific behaviors)

________________________________________________________________________________________

________________________________________________________________________________________

Additional comments

________________________________________________________________________________________

________________________________________________________________________________________

Teacher’s Signature_____________________________ Date________________

Email Address___________________________________________________________

Please attach other information that you feel would be of value to the NNRAE teachers.
INDIVIDUAL EDUCATIONAL & BEHAVIORAL PLAN

Long Term Suspensions or Expulsions
(To be completed by Superintendent and/or Home School Administrator)

To the Parents of:_____________________________   School:___________________

The Individual Education Plan we have designed for your son/daughter will allow them a second chance at their education. Pursuant to Virginia school law 221-227.2.1, your local school board has given your child a second chance to obtain educational credits for the year by entering the Alternative Education Program. A 9 week review will be scheduled, but your child is not guaranteed re-entry into his/her home school until your school board and Superintendent appeal their decision.

Goal Statement:

Educational Statement:

Individual Behavioral Goals for __________________________________________

1. 
2. 
3. 
4. 
5. 

________________________________                          _________________________
Printed Name of Above Signature                          Printed Name of Above Signature

Home School Administrator Signature              Date              Superintendent or Designee              Date
INDIVIDUAL EDUCATIONAL & BEHAVIORAL PLAN

Short Term Placement
(To be completed by Superintendent and/or Home School Administrator)

To the Parents of: ___________________________ School: __________________________

The Individual Education Plan we have designed for your son/daughter will enable your child to possibly return to his/her assigned school within 9 weeks after a review of placement and goals has been conducted, and if he/she meets all of the educational and behavioral objectives. The burden for success is clearly an expected task that he/she must meet. Good behavior on a daily basis is not only expected, it is documented. You will receive a weekly progress report that will be sent every Friday. This report will allow you to monitor your child’s weekly progress.

Goal Statement:

Educational Statement:

Individual Behavioral Goals for ____________________________

1.

2.

3.

4.

5.

________________________   ____________   __________________________   ____________
Home School Administrator Signature   Date   Superintendent or Designee   Date

____________________________________   ____________________________________________
Printed Name of Above Signature   Printed Name of Above Signature
Instructional Online Information Request

As we start the new year, we would like to let the teachers who have students enrolled in Alternative Education know how our program works. We have purchased Odysseyware to use for online instruction. This program allows me to customize the lesson plan for each student during their placement here. In order to align the work they will complete here with the work they are missing in their classroom, we need the SOL numbers that correspond to the lessons you are teaching.

By providing me with these numbers, we will be able to keep your student on track with your classroom so that when he or she returns to the classroom there should be no lengthy catch up time needed. An added benefit is that you will not have to send us anything other than the blueprint or pacing guide SOL numbers specifying where the student needs to begin their lessons for the duration of placement and we will not have to worry about getting held up on a return trip to you. All work will be graded by Odysseyware staff or by us using the answer guides, so you will not have late grading to contend with either and a transferable grade will come back to school with each student upon their end of placement in Alternative Education.

We hope that this system works better for all of us. We have been very pleased with what we have seen so far with the method of instruction, opportunity to practice, chance for reinforcement, and variety of assignments that Odysseyware has to offer. Please contact us at mturner@northernnecktech.org or 333-4940 ext 125 or Bryan Shabazz ext 131 at bshabazz@northernnecktech.org after 2:30. You can also send information to Ling Long, instructional assistant at llong@northernnecktech.org. Thank you for your help.

Michelle Turner

Bryan Shabazz

NNRAEP