

**ALTERNATIVE EDUCATION SCHOOL
STAFF INPUT FORM**
(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 ALTERNATE EDUCATION 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 _____
Email Address _____
Date _____

Please attach other information that you feel would be of value to the alternate education teachers.