

# Northern Neck Regional Alternative Education Program

Northern Neck Technical Center  
Governor's STEM Academy for Agriculture and Maritime Studies  
13946 Historyland Highway  
Warsaw, VA 22572  
Telephone: 804-333-4940 Fax: 804-333-0538

**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.**

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This form was completed by \_\_\_\_\_ of  
*Person's name filling out form*

\_\_\_\_\_ on \_\_\_\_\_  
*Department / Title* *Date*

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## 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

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## 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:  
*Student's Name*

- 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:  
*Parent/Guardian's Name*

- 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*

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## 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**  
**SCHOOL YEAR 2016-2017**  
**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:** Provide each alternative student daily small group and individual supervision to improve his/her behavior in order that he/she can make a smooth transition to his/her sending school. We will focus initially on behavior because if the child cannot behave he/she cannot learn. Once we have the behavior under control we will provide your child with an educational program that has the capabilities in being specialized or general.

**Educational Statement:** Students from the 6<sup>th</sup> grade through the 12<sup>th</sup> grade are given a basic curriculum of Math, Science, English, History and Reading. Art, P.E., etc., are electives that are not part of the Alternative Education Program. Computers will be used to reinforce concepts and prepare for the SOL's. We will establish for your child an instructional program that will accelerate the acquisition of basic skills, reduce the idea of dropping out, improve your child's achievement, prepare him/her for state and standardized tests, and provide the curricular foundation for local school credit.

**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

**INDIVIDUAL EDUCATIONAL & BEHAVIORAL PLAN  
SCHOOL YEAR 2016-2017  
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.

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**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