

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:

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

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.

Home School Administrator Signature

Date

Superintendent or Designee

Date

Printed Name of Above Signature

Printed Name of Above Signature

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