

**SAN DIEGO CITY SCHOOLS**  
**Student Support Services – Counseling and Guidance Program**  
 \_\_\_\_\_ *ALTERNATIVE EDUCATION APPLICATION*  
 \_\_\_\_\_ *SCHOOL INITIATED PLACEMENT COUNCIL*

Date Sent: \_\_\_\_\_ Date Received: \_\_\_\_\_

Student's Last Name	First	Grade	ID #	Age	Sex
Parent/Guardian's Name	School of Residence	CHOICE	VEEP	MAGNET	
Home Address	Work Phone	Emergency Phone	YES NO Enrolled?	Credits to Date	
Home Phone	School Contact Person/Title		Phone/Ext.		

Efforts by school to assist student/parent	Reason for Transfer
<input type="checkbox"/> Pupil Conference <input type="checkbox"/> Parent Conference <input type="checkbox"/> Home Visit <input type="checkbox"/> Program Changes <input type="checkbox"/> IST/SST <input type="checkbox"/> Individual Testing <input type="checkbox"/> Previous School Transfer <input type="checkbox"/> Referral to District Counselor <input type="checkbox"/> Referral to Health or Community Agency <input type="checkbox"/> IST/SST Meeting Date _____	<input type="checkbox"/> Credit Deficiency <input type="checkbox"/> Academic Adjustment <input type="checkbox"/> Personal/Social <input type="checkbox"/> Disciplinary <input type="checkbox"/> # of Suspensions _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Attendance Problems <input type="checkbox"/> Date SAR/B/SART <input type="checkbox"/> Safety/Security <input type="checkbox"/> Peer Pressures <input type="checkbox"/> Group Conflict <input type="checkbox"/> Probation

Special Education	Alternative Education Program Requested (See Procedure 4261, 4430, and Alt. Ed. Directory)
Enrolled in Special Education Type _____ Special Education Contact Person/Title _____ Phone # _____ Contact Date _____	<input type="checkbox"/> City As A School (CAS) <span style="float: right;"><input type="checkbox"/> ALBA</span> <input type="checkbox"/> Garfield <span style="float: right;"><input type="checkbox"/> CHARTER</span> <input type="checkbox"/> Twain Location _____ <span style="float: right;"><input type="checkbox"/> ORACLE</span> <input type="checkbox"/> Youth Opportunities Unlimited (YOU) <span style="float: right;"><input type="checkbox"/> SOAR</span> <input type="checkbox"/> CAL-Safe Pregnant Minor Location _____ <span style="float: right;"><input type="checkbox"/> WINGS</span> <input type="checkbox"/> CAL-Safe Nursery Location _____

Schools Contacted	Records Attached																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">School/Program</th> <th style="width: 30%;">Person Contacted</th> <th style="width: 20%;">Phone</th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	School/Program	Person Contacted	Phone	Date													<input type="checkbox"/> Student Profile <input type="checkbox"/> Language Assessment Screen <input type="checkbox"/> Special Education Screen with current IEP <input type="checkbox"/> Immunizations <input type="checkbox"/> Student Study Team Recommendations <i>As applicable:</i> Assertive discipline records, attendance SAR/B/SART, Test results SDRT/MDTP <input type="checkbox"/> P.O. Name & phone number <input type="checkbox"/> Learning Contract <input type="checkbox"/> 504 Plan
School/Program	Person Contacted	Phone	Date														

ALTERNATIVE EDUCATION PLACEMENT ONLY (SIP Plan Attached)	Parent/Guardian Approval
Projected date of return to referring school _____ Check the required conditions to be completed for return: <input type="checkbox"/> Prove academic success by completing _____ credits <input type="checkbox"/> Cumulative G.P.A. of 2.00 or higher <input type="checkbox"/> Demonstrate regular school attendance of _____% or better <input type="checkbox"/> Show positive school behavior (Administrator Recommendation) <input type="checkbox"/> Other _____ Tentative Enrollment Date _____ Tentative Orientation Date _____ Actual Enrollment Date _____ Alternative Ed. Program _____ Approved by/title _____	<input type="checkbox"/> I agree with this action. <input type="checkbox"/> I disagree with this action.  Parent/Guardian Signature _____ Date _____

SCHOOL INITIATED PLACEMENT (SIP) COUNCIL	Distribution:
Approved by/title _____ Date _____ Approved Placement _____	White (Counseling & Guidance, Ed Center, Rm. 2101) Pink (Parent) Yellow (Receiving School _____) Goldenrod (Sending School _____) Blue (District Counselor)