



SWWC Alternative Learning Center Windom, Pipestone, & Glencoe Intake Form

Date: _____ Student referred by: _____

Referred to: _____ Mid-level (7-8) _____ High School (9-12+) Gender: _____

Home District: _____ Resident District: _____

Student name: _____ Grade: _____ MARSS#: _____

Address: _____ Date of Birth: _____

Parent/Guardian: _____ Home Phone: _____

Parent Email: _____ Cell Phone: _____

Does the student have a 504 Plan? Yes No
(If yes, a meeting with our staff will be required. Please share the 504 plan with Nicole Larson.)

Does the student have an IEP? Yes No
(If yes, home district **must** schedule an IEP Amendment Team meeting once approved)

Case Manager Name: _____ Email: _____

Disability: _____ Setting: _____

Please give access in SpEd Forms to:

- Referring to SWWC ALC Glencoe – Colleen Weis
- Referring to SWWC ALC Pipestone – Heather Rieger
- Referring to SWWC ALC Windom – Wendy Ahnupkana

Does the student qualify for EL services? Yes No Do they receive services currently? Yes No

Does the student have any other services? (ex. Social Worker, Probation, Therapist, etc.)

Name: _____ Agency: _____ Phone: _____

Name: _____ Agency: _____ Phone: _____

Name: _____ Agency: _____ Phone: _____

Name: _____ Agency: _____ Phone: _____

Home Language(s) spoken: _____

(Please be sure to send the **MN Language Survey** with other documents)

For students to receive programming they must meet one or more of the following: (Please check all that apply).

_____ performs substantially below the performance level for pupils of the same age in a locally determined achievement test;

_____ is behind in satisfactorily completing coursework or obtaining credits for graduation;

_____ is pregnant or is a parent;

_____ has been assessed as chemically dependent;

_____ has been excluded or expelled according to sections [121A.40](#) to [121A.56](#);

_____ has been referred by a school district for enrollment in an eligible program or a program pursuant to section [124D.69](#); Reason: _____

_____ is a victim of physical or sexual abuse;

_____ has experienced mental health problems;

_____ has experienced homelessness sometime within six months before requesting a transfer to an eligible program;

_____ speaks English as a second language or is an English learner;

_____ has withdrawn from school or has been chronically truant.

_____ I have reviewed the information with the student and parent/guardian

Signature of School District Representative

Phone

Email/fax this form to Nicole Larson at nicole.larson@swwc.org or 507-831-6939.

Please include the following: (DO NOT SEND CUMULATIVE FILE)

- General Student Data
- Updated transcript with district graduation requirements the student has yet to meet
- Attendance records/Truancy information
- Immunizations
- Completed Lunch Form
- Current IEP and Evaluation Report
- MN Language Survey
- 504 Plan if applicable
- Discipline records
- ELL ACCESS testing scores