CDAP Alternative Placement Team Checklist Coversheet

Student Name:_____ School:_____ District:_____ Grade: _____

Referring Administrator:_____ Phone Number: _____ **Criminal/DOE/School Code:** _____

Date of Incident: _____ Date Suspension Ends: _____ Date Expulsion ends: _____

REASON FOR REFERRAL: Briefly describe the incident(s) responsible for alternative placement request**:**

✔	Regular and Special Education Information	✔	Additional Special Education Information
✔	Items which **must** be attached:	✔	Items **must** be included in addition to the items listed in the column to the left:
	Behavioral Information		
	Student Information Summary Printout (DELSIS/E-School)		Current I.E.P.
	Incident Report or Attorney Generals Report		Building Meeting Notice
	Police Report (if applicable)		Manifestation Determination Form
	Building Level Conference Summary		Most recent psychological
	Extension of Suspension Form		DVR Counselor name if applicable
	Statements (if applicable)		Senior "Performance Summary"
	Photo or Copy of Weapon/Dangerous Instrument (if applicable)		
	Current Year Discipline Summary		
	Attendance Record for current Year		
	Academic Information	✔	**District Code of Conduct**
	Most Recent Report Card		District Code of Conduct given to student/parent
	Present Grades in all Classes		Parent informed that student remains under District Code of Conduct while in CDAP Program
	Credit needs for student		
	Senior project needs		
	Copy of transcripts		
	Previous School Year GPA and Current School Year GPA		
	D.S.T.P. Scores Printout		
	DCAS results		
	Other Information		**DOE Regulation 611 followed**
	Immunizations		All members of the District Alternative Placement Team represented per DOE regulation.
	Building-level interventions prior to the referral		
	504 Plan (if applicable)		
	SSP (Student Success Plan) student account info. & password		
	Verification of receipt of Student Code of Conduct		
	Free/reduced lunch		
	Copy of Student emergency card		
	Copy of FBA if completed		

DISTRICT OFFICE USE ONLY
Alternative Placement Team Attendees:

_____   _____   _____

_____   _____   _____

_____   _____   _____
                                                                      District contact person & phone number

Name of Alternative Program to which student has been assigned: _____

Projected length of stay in alternative program _____ **days**   **Date of Meeting:** _____

*The District alternative Placement Team Meeting **WILL NOT** be scheduled with incomplete information.*