

***Worthington Area Learning Center***  
***117 11<sup>th</sup> Ave, Suite #2***  
***Worthington MN 56187***  
***Phone: 507-372-1322 FAX: 507-372-1361***

**REFERRAL FORM**

The following student has requested to enroll at the Worthington Area Learning Center. Please provide us with any of the following information that is applicable to your agency/school. No student will be considered for enrollment until this form is completed. Upon receipt of this complete form, an enrollment interview or IEP Change of Placement Meeting will be scheduled.

\_\_\_\_\_ Name of Student  
\_\_\_\_\_ Student Telephone Number  
\_\_\_\_\_ Name of Parent/Guardian  
\_\_\_\_\_ Telephone Number  
\_\_\_\_\_ Address of Student and/or Parent or Guardian  
\_\_\_\_\_ IEP/504/Minor Parent/LEP Status/Other Plan  
\_\_\_\_\_ Reason for Referral  
\_\_\_\_\_ Agency (agencies) currently working with child/family.  
\_\_\_\_\_ i.e. Family Services, Probation, DRS, other)  
\_\_\_\_\_ Contact person(s) from each agency working with the child/family.  
\_\_\_\_\_ Anticipated length of stay at ALC.  
\_\_\_\_\_ Basic Standard Test Scores Information/MCA Test scores.  
\_\_\_\_\_ MARRS Reporting number (schools)

**Submitted by:** \_\_\_\_\_ **(Please include credit checker)**

**Approval Signatures:**

Parent Signature: \_\_\_\_\_ (Student Must sign if over 18 years of age)

HS Administrative Approval: \_\_\_\_\_ (Must be approved before attending)

ALC Administrative Approval: \_\_\_\_\_ (Must be approved before attending)

Asst. Director Of Special Ed Approval: \_\_\_\_\_ (if on IEP Must be approved before attending)

**Please mail or fax this completed form to the above address and/or fax number.**

Date of Interview/IEP Conference: \_\_\_\_\_