

INDIVIDUALIZED LEARNING CENTER PLACEMENT REQUEST



I. IDENTIFYING DATA

Student #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB #: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_

Reason for Placement Request: \_\_\_\_\_

Does this Student have a DJO? \_\_\_\_\_ DJO's Name: \_\_\_\_\_

Home School: \_\_\_\_\_

II. COLLECTIVE HISTORY

Who is requesting placement? \_\_\_\_\_

Parent/Guardian Approval (Name): \_\_\_\_\_

Signature \_\_\_\_\_

What concerns (behavior, social, academic, etc.) do you have about this student?

[Large empty rectangular box for text entry]

Indicate any special services (IEP, 504, etc.): \_\_\_\_\_

Does the student have a documented mental health diagnosis? Yes \_\_\_ No \_\_\_

If so, what is the diagnosis?

**III. MEDICAL INFORMATION**

Does this student have any medical problems? Yes  No  Describe: \_\_\_\_\_  
Is this student on any medication? Yes  No  Describe: \_\_\_\_\_  
Is your child supposed to wear glasses? Yes  No

Specified Goals for Student while under placement at Individualized Learning Center:

1.
2.
3.
4.

Interventions prior to request:

Did the student have access to the building-level Student Restore Program? YES  NO

Placement Approved: \_\_\_\_\_

Placement Denied: \_\_\_\_\_

Student Return Date to Home School: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit completed form via email to Ayo Alfred at [alfredayo@rsdmo.org](mailto:alfredayo@rsdmo.org)**

## ILC Application - Staff Referral

**Student:** *This form must be filled out by a Rockwood staff member. This could be but is not limited to a teacher, counselor, principal, case manager or social worker.*

**Staff Member:** *This is a confidential recommendation form, please complete the form below. You are welcome to attach a letter if you have any additional concerns, comments or information. Then return to guidance.*

Student Name \_\_\_\_\_

Staff Member Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Number of Years Known \_\_\_\_\_

Please check boxes for anything that is an area of concern for this student.

### Social and Emotional

- Anxiety
- Depression
- Lack of Motivation
- Substance Abuse
- Struggles with Anger Management
- Struggles to Manage Emotions
- Struggles with Peer Relationships
- Struggles with Authority Figures
- Struggles with Self Esteem/Confidence
- Other \_\_\_\_\_

Comments:

### Behavioral

- Sleeping in Class
- Skipping/Leaving Class
- Seeks Attention
- Easily Distracted
- Often Off Task
- Inappropriate Language
- Inappropriate Humor
- Frequent Office Referrals
- Other \_\_\_\_\_

Comments:

### Academic

- Failing Grades
- Incomplete Work
- Failure to Complete Homework
- Poor Time Management
- Does Not Perform to Ability
- Lacks Organizational Skills
- Needs One on One Instruction
- Needs Reinforcement/Re-Teaching
- Other \_\_\_\_\_

Comments:

### Health/Lifestyle

- Pregnant
- Has Children
- Frequently or Currently Hospitalized
- Physically Disabled
- Limited Motor Skills
- Medical Plan
- Terminal Illness
- Major Surgery
- Other \_\_\_\_\_

Comments:



