

BRIDGES AREA LEARNING CENTER

Intake Date _____

NAME: _____ BIRTHDATE: _____ GRADE: _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE: _____

HOME SCHOOL: _____ SCHOOL PHONE #: _____

REFERRED BY: _____

Indicators of Need (select all that may apply):

- Performs below the performance level for students of the same age in a locally determined achievement test
- Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation
- Is pregnant, about to become a parent 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 program pursuant to section 124D.69
- Is the victim of physical or sexual abuse
- Has experienced mental health problems
- Has experienced homelessness sometime with six months before requesting a transfer to an eligible program
- Speaks English as a second language or has limited English proficiency (LEP)
- Has withdrawn from school or has been chronically truant

Current services the student is receiving:

Special Education	Yes	No
If yes: IEP	Yes	No

LEP Services	Yes	No
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504 Plan	Yes	No
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Other _____

Comments, goals or other information relating to indicators listed above:

Please list all schools and/or facilities that student has earned educational credits with between 9th grade to present day:

