Amityville Memorial High, Amityville UFSD

Amityville provides a Virtual Academy for students at risk of failing to earn the required credits.

Amityville UFSD
Virtual Education Academy Referral Form

Date: ___________________________ Home School: ___________________________

Student Name: ___________________________ Current Grade level: ______ Age ______

Address: ___________________________

Parent/Guardian Name: ___________________________

Home Phone: __________ Guardian Cell phone: __________ Guardian Work Phone: __________

Special Education: y/n LEP: y/n
Referred by: ___________________________

Referred for:

☐ Attendance
☐ Superintendent Suspension
☐ Working at one or more grades below academic level

☐ Pregnancy
☐ School Phobic
☐ Psychological issues
☐ Threatening behavior
☐ Depression
☐ Home Instruction

☐ Medical Issue
☐ Hospitalization

If referred for any reason other than the result of a Superintendents suspension hearing why would the student benefit from the Virtual Academy:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What strategies for working with this student have been successful:

________________________________________________________________________

________________________________________________________________________

What strategies for working with this student have been unsuccessful:

________________________________________________________________________

________________________________________________________________________

Re-evaluate in ______ weeks on ______ (date)

Amityville UFSD, Amityville Memorial High School
Study Year: 2012-13 www.amityvilleschools.org/schools/amityville_memorial_high_school
Dates and methods of evaluations (ex. every 5 weeks)

Re-entry plan to home school:

Expected outcomes of placement:

Criteria to return to home school:

Signature of Guidance Counselor:

Signature of Director of Guidance:

Signature of Director of PPS:

Signature of Building Principal

Student Signature:

Parent Signature:

To be completed by Virtual Education Academy Administrator:

Approved

Denied (reason)

Signature: _____________________________ Date: ____________________

Please attach attendance records, report cards, health records, discipline folder.

CC: Dr. ' , Dr.