**Enrolling School to complete**

Complete and sign this form as a true and accurate record.

Keep records pertaining to this referral for audit purposes.

**SEND THIS FORM TO AE MANAGING SCHOOL**

|  |
| --- |
| **Alternative education Assessment Form 20xx-20xx**  Alternative education (AE) is a short term intervention to support students aged 13-15 years who have disengaged from school, to transition them back to mainstream school, further education, training or employment.  The purpose of this Assessment Form is to check the eligibility of the student to attend AE. |

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | | First Names: | |
| Date of Birth: | Gender:  M F | Ethnicity: | Iwi: |
| Most recent school attended: | | Current Year Level: | NSN: |
| Parent/Caregivers: | | Address: | |
| Brief comments on situation: **(REQUIRED)** (eg currently suspended/excluded/NEN) | | | |

**Eligibility Criteria**

|  |  |
| --- | --- |
| Students must be over 13 and less than 16 years, and one or more of the following criteria must apply for the student to be eligible for AE.  **Tick the criteria that applies to this student** | |
| **1 Out of registered school for two terms or more**  *Confirm last date of attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **2 Exclusion and enrolment refused by local schools (including a history of stand-downs or suspensions in the past two years)**  *List schools excluding or refusing enrolment* | **3 Dropped out of Te Kura after enrolment in either Category 1 or 2**. *Dates of enrolment with Te Kura \_\_\_\_\_\_**to \_\_\_\_\_\_*  **4 Absent for at least ½ of the last 20 school weeks (for reasons other than illness) and the absence has meant they are unable to maintain a mainstream programme**  **5 Multiple suspensions and risks further suspension**   1. **Disengaged. At any one time 20% of students do not have to fit one of the first five criteria above but, in the professional opinion of the school, Alternative Education is the best option for the student** |

**Enrolling School Information**

|  |  |
| --- | --- |
| School name: | |
| Key contact: | Position: |
| Phone: | Email: |
| Signed: | Date: |

**Enrolling School and Managing School to complete**

Complete this form at the Case Conference. Keep records for audit purposes.

**SEND THIS FORM TO MINISTRY OF EDUCATION**

|  |
| --- |
| **Case Conference Information Sheet**  A Case Conference is required for all referrals to AE. The purpose of the Case Conference is to decide whether AE is the best educational pathway for the student.  The Enrolling School and Managing School will hold the Case Conference with the student’s caregiver.  The Managing School is responsible for the final decision to approve or decline. |

|  |  |  |
| --- | --- | --- |
| **Case Conference Minutes**  Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Participant name** | **Agency/role** | **Phone number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Reasons for referral to Alternative education**  *Comment on SDS history, serious school incidents leading to alienation, non-attendance*  **Attendance record** | | |

|  |
| --- |
| **List all interventions and agencies that have supported the student prior to referral to Alternative Education**  **Most recent educational assessments**  *Including literacy, numeracy, NCEA credits*  *Continue on a separate sheet and attach additional information as required* |

|  |
| --- |
| **MANAGING SCHOOL DECISION: Approve Decline Date:**  **If approved, AE provider: Start date at AE:** |

**MINISTRY OF EDUCATION USE ONLY**

V**erified:** Yes No Further Information Required

Date: