

**PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES ELIGIBILITY FORM**

Date Submitted _____ Parent/ Guardian Conference Date _____
 Current School _____ Referring Person _____
 Student's Last Name _____ First Name, MI _____ Student ID # _____ Cohort Year _____
 Student's Birthdate _____ Age _____ Referral grade level _____
 Address _____ City, State Zip _____
 Sex _____ Race _____ Phone _____ Email _____

Referral to the following school / program _____

Student meets one of the following criteria.

- RETENTION:** Retained one or more times in previous years or being recommended for retention in current year
 Has the student ever been retained? _____ Grade _____
 Student is currently a potential retaineer? _____
- ACADEMIC ACHIEVEMENT:**
Progress: GPA of 2.0 or less in previous or current school year OR currently failing two or more academic subjects. _____ GPA _____
Current Letter Grade:
 Reading _____ Math _____ Lang. Arts _____ Science _____ Social Studies _____
 Current or Recommended Reading Program _____
- TESTING:**
 Testing below level of expected performance _____
 Has student met grade level state testing requirements? _____
 FSA level Reading _____ Math _____ Florida Writes _____ Science _____
 Test Dates Reading _____ Math _____ Florida Writes _____ Science _____
High School only
 Algebra I EOC _____ PERT Score _____ FSA ELA 10 _____ ACT Score _____
 Algebra II EOC _____ Geometry EOC _____ SAT Score _____
 Biology EOC _____ US History EOC _____
- ATTENDANCE:**
 Current or past year absences at or above 8 days per semester or 15 days in the previous school year OR excessive absences have resulted in a referral to the attendance worker. _____
- SCHOOL FAMILY HISTORY:**
 Stressful family situation as documented by student services personnel. _____
 If yes, please explain: _____
- ESE STATUS:**
 Is this student currently or has this student previously been found eligible for ESE Services? _____
 If yes, what is / was the student's exceptionality? _____
 What is the date of the student's current IEP or dismissal date? _____
 If no, is this student in the ESE evaluation process? _____ Date started? _____

For GEP students only

18 CREDIT OPTION

24 CREDIT OPTION

Please list classes student will be enrolled in at concurrent / assigned school

1 st Semester	Course	Period	2 nd Semester	Course	Period
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Please list recommended GEP Courses to be provided by EAS. Please do not include courses listed above.

Semester 1	Semester 2	Core or Credit Recovery	Course # & Course Name
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Print Name of counselor or APC recommending courses _____

Counselor or APC Signature

Date

Parent or Guardian Signature

Date

Principal Signature

Date

Did you attach the most current copy of the following with your referral packet? All documents must be up to date.

- Copy of the FOCUS Grad Check List (For high school only) YES N/A
- Copy of MTSS/PSW documentation
 - Academic Tier 1 Tier 2 Tier 3
- PBIP
- FBA
- Progress Monitoring Plan (PMP) (Elementary School only)
- 504 Plan (If not uploaded into FOCUS)
- ESOL LY Plan
- ESE Individual Education Plan (IEP)
- Copy of discipline record (For Clearwater Intermediate and Chi Chi Rodriguez Academy only)
- Copy of most recent report card (For Clearwater Intermediate and Chi Chi Rodriguez Academy only)

PLEASE DO NOT WITHDRAW STUDENTS OR MAKE SCHEDULES UNTIL NOTIFIED BY EDUCATIONAL ALTERNATIVE SERVICES OR EAS SCHOOL ADMINISTRATOR OR DESIGNEE.

THIS SECTION TO BE COMPLETED BY EAS PRINCIPAL OR DESIGNEE

Student accepted into program Date of acceptance _____

Student meets eligibility criteria but will not be enrolled due to

Currently filled
 Lack of interest
 Placed on waiting list
 Availability of course needed

Other _____

Student **does not meet** eligibility criteria