PINELLAS COUNTY SCHOOLS

EDUCATIONAL ALTERNATIVE SERVICES – ACADEMIC INTERVENTION

ALPHA ELIGIBILITY FORM

	Accepted
	Declined
	ALPHA Mgr. Initial

Referring Person _____ Title _____

School _____ Contact Phone # _____

Student's Last Name _____ First Name _____ Middle Name _____

Name of parent or guardian _____ ID# _____ Grade _____

Address _____

Phone Home _____ Work _____ Cell _____

Email:

EAS Office Use Only ☐ **= Meets Criteria**	**Complete the information requested below.**
☐ Retention	1. **RETENTION:** Retained one or more times in previous years or is being recommended for retention in current year. Has the student ever been retained? ☐ Yes ☐ No Grade Student is currently a potential retainee? ☐ Yes ☐ No
☐ Academic Achievement	2. **ACADEMIC ACHIEVEMENT:** **Progress:** Current or previous school year grades are below C in academic subject areas. Check subject where student is performing below grade level: ☐ Reading ☐ Math ☐ Lang Arts ☐ Science ☐ Social Studies

Current Letter Grade	Reading	Math	Lang Arts	Science	Social Studies

PLEASE ATTACH A COPY OF THE MOST RECENT REPORT CARD.

Testing:	**Reading**	**Math**	**FAST Writing**	**Science**
FAST Level:				
Test Date:				

Reading **SRI / Lexile** **Running Record**

☐ Attendance	**3. ATTENDANCE:** At risk because of poor attendance (Semester 5 Days, Year 10 days). Number of days unexcused absences current year Previous year
	4. FAMILY HISTORY: Which is a stressful family situation as documented by Student Services Personnel (ie. Homeless, divorce, etc):

5. ESE STATUS **PLEASE ATTACH DOCUMENTATION TO THIS FORM**

☐ Referral / Evaluation in progress

☐ Tested, eligible, placement date _____ Program(s) _____

☐ Tested, ineligible, did not qualify _____ Program(s) _____

6. OTHER INTERVENTIONS ☐ NA

☐ Check if student has a current plan (please attach)

☐ PMP ☐ MTSS / PSW ☐ 504 ☐ ESOL ☐ TIER 2 ☐ Other _____

☐ BEHAVIOR SUCCESS PLAN ☐ FBA (Functional Behavioral Assessment) ☐ PBIP (Positive Behavioral Intervention Plan)

_____ _____

Signature of Principal or Designee **Date**

THIS SECTION TO BE COMPLETED BY ALPHA PROGRAM MANAGER

☐ Student accepted into the program ☐ Date of acceptance

☐ Student meets eligibility criteria but will **not be** enrolled due to:

☐ Currently filled ☐ Lack of interest

☐ Place on waiting list ☐ Other _____

☐ Student **does not meet** eligibility criteria.