



## AEDY Referral Form

<b>Date:</b> _____	<b>Parent/Guardian:</b> _____
<b>Student Name:</b> _____	<b>Address:</b> _____
<b>Grade:</b> _____	<b>Phone:</b> _____
<b>Date of Birth:</b> _____	<b>Email:</b> _____
<b>PA SecureID #:</b> _____	<b>Home District:</b> _____
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>School Name:</b> _____
<b>Ethnicity:</b>	<b>Date of Placement:</b> _____
<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Special Education <input type="checkbox"/> Regular Education <input type="checkbox"/> E.L.L (English Language Learner)

**ALL REFERRALS MUST MEET THE FOLLOWING CRITERIA:**

**Disruptive student:** A student who poses a clear threat to the safety and welfare of other students or the school staff, who creates an unsafe school environment or whose behavior materially interferes with the learning of other students or disrupts the overall educational process. **By law, districts may refer students to AEDY programs only if, at the time of the recommended transfer, they demonstrate, to a marked degree, any of the following conditions:**

**REASON(S) FOR REFERRAL:** (Please check all that apply):

*Students enrolled in this program must be considered disruptive as Defined by Act 30 of 1997, § 19-1901-C (5). Identify and provide documentation (such as suspension documents) that applies to each behavior resulting in the referral.*

- (1) Disregard for school authority, including *persistent* violation of school policy and rules;
- (2) Display of or use of controlled substances on school property or during school-affiliated activities;
- (3) Violent or threatening behavior on school property or during school-affiliated activities;
- (4) Possession of a weapon on school property, as defined under 18 Pa. C.S. § 912 (relating to possession of weapon on school property);
- (5) Commission of a criminal act on school property or during school-affiliated activities;
- (6) Misconduct that would merit suspension or expulsion under school policy;
- (7) *Habitual* truancy (all procedures, including the implementation of a Truancy Elimination Plan (TEP) must have been implemented and followed **PRIOR** to placing habitually truant students in AEDY programs).

**TEP Implementation Date:** \_\_\_\_\_ **Date TEP Determined Unsuccessful:** \_\_\_\_\_

**Only students in grades 6-12 may be placed in AEDY programs. Do not alter or add to the above seven reasons for placement during completion of form.**

The intervention sheet **must** be completed. All three levels of interventions (Administrative, Guidance Referral, and SAP Referral) must be documented. Documentation includes interventions that were completed, attempted, offered and/or declined.

Behavior (please describe)	Intervention with Dates & Notes	Notes
<b>Administrative</b>		
	Parent Contact(s) – review behavior/discuss expectations: <hr/> Reflection documents, apology, behavior contract, conflict agreements: <hr/> Connect student to school activities: <hr/> Involve teachers in meetings, mentors, conferences: <hr/> Child Study Team meeting(s): <hr/> In-school Suspension(s) Date(s): <hr/> Out-of-school Suspension(s) Date(s): <hr/> Other:	
<b>School Counselor Referral</b>		
	Date(s) of referral(s) – from any source: <hr/> Possible Outcomes (enter date intervention(s) were attempted) Parent Contact: Student-created Action Plan: Check in/out: Schedule Modification: Conflict Resolution Strategies: Mentoring: Peer Mediation: Referral to Group: Individual, group or community based counseling: Other:	
<b>SAP Referral (must be offered, even in the case of immediate placement)</b>		
	Parent Contact: <hr/> Possible Outcomes: Contact with outside agencies: Mental Health Evaluation: Individual or Group Counseling: Community Based Services Parent/Student refused SAP Other:	

In accordance with 24 PS § 19-1902-C(5), I hereby certify that the above stated interventions were implemented prior to initiating the AEDY referral and acknowledge same by signature:

\_\_\_\_\_  
**School Counselor (mandatory signature)**

\_\_\_\_\_  
**Date**

## VERIFICATION OF INFORMAL HEARING FOR AEDY PLACEMENT

All students recommended for assignment to an AEDY program must be provided with due process prior to placement including an informal hearing in accordance with 22 Pa. Code §12.8 (c). The purpose of the informal hearing is to enable the student to meet with the appropriate school official to explain the circumstances surrounding the event for which the student is being suspended or to show why the student should not be suspended. The following due process requirements must be followed in regard to the informal hearing:

- (1) The informal hearing is held to bring forth all relevant information regarding the event for which the student may be suspended and for students, their parents or guardians and school officials to discuss ways by which future offenses might be avoided.
- (2) The following due process requirements shall be observed in regard to the informal hearing:
  - (i) Notification of the reasons for the suspension shall be given in writing to the parents or guardians and to the student.
  - (ii) Sufficient notice of the time and place of the informal hearing shall be given.
  - (iii) A student has the right to question any witnesses present at the hearing.
  - (iv) A student has the right to speak and produce witnesses on his own behalf.
  - (v) The school entity shall offer to hold the informal hearing within the first 5 days of the suspension.

22 Pa. Code §12.8 (c)

An intake should ***not*** be held at the AEDY program until the informal hearing has been completed.

An informal hearing was held on the following date and time. Participation in the informal hearing does not constitute agreement or consent. If notification of the informal hearing was made in writing, attach a copy hereto.

**Informal Hearing Scheduled:** \_\_\_\_\_  
Date Time

**Parent Contacted to attend:** \_\_\_\_\_  
Date Time

Hearing held at the same time of notification as per parent/guardian request

### Location of Informal Hearing:

- LEA
- Student's Residence
- Via Telephone
- Other: \_\_\_\_\_

### Result of the informal hearing:

- The student will be placed in the \_\_\_\_\_ AEDY program.
- The student will remain in his/her home school.
- Other: \_\_\_\_\_

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School District, Charter School  
Principal Signature **(mandatory)**

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Principal Printed Name **(mandatory)**

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Parent Signature **(mandatory)**

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Parent Printed Name **(mandatory)**

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Student Signature **(mandatory)**

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Student Printed Name **(mandatory)**

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Other Signature (if applicable)

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Other Printed Name (if applicable)

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Other Signature (if applicable)

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Other Printed Name (if applicable)

**Requirement for placing a Special Education Student in an AEDY program:**

*(Please note: AEDY is not an Emotional Support Program)*

***Students with disabilities may not be enrolled in the AEDY program unless all special education procedural requirements have been met by the placing LEA, and all required documents have been submitted to the AEDY program prior to the student's placement.***

Students with disabilities are referred to an AEDY program by an IEP team decision, or unilaterally removed for weapon and drug violations, and/or inflicting serious bodily injury as mandated by Chapters 14 and 711 and Individuals with Disabilities Education Act (IDEA). The IEP Team reconvenes to discuss the student's special education and related services, including educational placement, annual goals, program modifications, specially designed instruction, and positive behavior supports. The IEP meeting is conducted and must include a special education teacher, regular education teacher, the LEA, the parents, the student (if age 14 or older) and a representative from the AEDY program. The IEP team discusses the reason(s) they are seeking a change in placement to an AEDY program. If the student with a disability meets one or more of the criteria for AEDY and the IEP Team has determined the AEDY program will enable the student with a disability to participate in the general education curriculum and make progress toward the goals of the student's IEP then the LEA will issue a Notice of Recommended Educational Placement/PWN (NOREP/Prior Written Notice) prior to change in placement for disciplinary reasons. The district sends the student's educational records with updated special education/academic records to the AEDY program. The LEA responsible for the student's provision of a free appropriate public education (FAPE) will be responsible for the implementation of the IEP and take the steps necessary to keep the student's IEP, RR, and other special education documents up to date.

## MANIFESTATION DETERMINATION

The LEA, parent and relevant members of the IEP team (as determined by the parent and LEA) must review all relevant information in the student's file, including the child's IEP, any teach observations, and any relevant information provided by the parents to determine if the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or if the conduct in question was the direct result of the LEA's failure to implement the IEP.

A Manifestation Determination must be conducted for a student with disabilities when the LEA is proposing to remove a student with a disability from their current placement for disciplinary reasons and for potential placement in an AEDY program. If the behavior that resulted in the change of placement is determined to be a manifestation of a child's disability, the IEP team must conduct or review a Functional Behavioral Assessment (FBA), modify and implement a behavior intervention plan, and return the student to previous placement unless the parent and LEA agree to change placement as part of the modification to the behavior intervention plan.

Exception: In special circumstances under 34 CFR Sec. 300.530(g) specific to drugs, weapons and serious bodily injury, school personnel may unilaterally remove a student to an interim alternative education placement for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the student's disability.

### Special Education Documents to be reviewed and attached:

- ER/RR (if applicable)
- IEP Team Invitation
- IEP/Revised IEP
- Manifestation Determination (if applicable)
- NOREP
- FBA (if applicable)
- PBSP/Revised PBSP (if applicable)

\_\_\_\_\_  
Special Education Supervisor (**mandatory signature**) or Superintendent's Designee

\_\_\_\_\_  
Date

## ADMINISTRATOR CHECKLIST/VERIFICATION

Administrator – Review the checklist below and confirm each item has been completed and attached to this referral form prior to submitting to the AEDY program for placement. Your signature is verification of the completed referral form, steps needed prior to placement, and attachments.

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|--|--|
| <input type="checkbox"/> Discipline records (all infractions dealing with this referral) | <input type="checkbox"/> Health record   |
| <input type="checkbox"/> Most recent report card/transcript                              | <input type="checkbox"/> Informal hearing verification with all signatures (pages 3-4) |
| <input type="checkbox"/> Student academic schedule                                       | <input type="checkbox"/> Special education student requirements (pages 4-5)            |
| <input type="checkbox"/> Completed academic file (including the PSSA/Keystone scores)    | <input type="checkbox"/> Special education documents (page 5)                          |
| <input type="checkbox"/> Completed interventions with school counselor signature         | <input type="checkbox"/> Completed 504 Plan (if applicable)                            |
| <input type="checkbox"/> Completed TEP for habitually truant students (if applicable)    | <input type="checkbox"/> Psychological evaluation (if applicable)                      |
| <input type="checkbox"/> Attendance record   | <input type="checkbox"/> Other relevant reports  |

The following information must be completed:

\_\_\_\_\_  
Administrator Printed Name

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Administrator Title

\_\_\_\_\_  
Date