

# Fox Hollow Instruction Program

(6th-8th grade Alternative Education Classroom)



Referring Staff Email: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Home School: \_\_\_\_\_

**Grade:** \_\_\_\_\_      **DOB:** \_\_\_\_\_

Student ID# (4J only): \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

*Please circle any special needs service areas:*

Math

Reading

Written Language

Behavior/Social Skills

Other: \_\_\_\_\_

Comments regarding academics:

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**Reasons for Referral**

Why is this student being referred to Fox Hollow Instruction Program (FHIP)?

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Will student be Dual-Enrolled with Home School?

Yes            No

Is this student expelled? If so, when is the expulsion end date: \_\_\_\_\_

Please list behavioral concerns:

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Please list strategies the home school have found productive in addressing this student's needs:

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Please list any other information you might feel will be helpful in the placement of this student:

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