

**ALC - Pipestone and  
ALC - Windom  
Intake Form**

Date: \_\_\_\_\_ Student referred by: \_\_\_\_\_

Referred to: \_\_\_\_\_ Mid-level (7-8) \_\_\_\_\_ High School (9-12+) Gender: \_\_\_\_\_

Home District: \_\_\_\_\_ Resident District: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ MARSS#: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does the student have a 504 Plan? Yes No  
(If yes, a meeting with our staff will be required. Please share the 504 plan with Nicole Larson.)

Does the student have an IEP? Yes No  
(If yes, home district **must** schedule an IEP Amendment Team meeting once approved)

Case Manager Name: \_\_\_\_\_ Email: \_\_\_\_\_

Disability: \_\_\_\_\_ Setting: \_\_\_\_\_

Please give access in SpEd Forms to:

- Referring to SWWC ALC - Pipestone: Heather Rieger
- Referring to SWWC ALC - Windom: Jill Cihak

Does the student qualify for EL services? Yes No Do they receive services currently? Yes No

Does the student have any other services? (ex. Social Worker, Probation, Therapist, etc.)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Language(s) spoken: \_\_\_\_\_  
(Please be sure to send the **MN Language Survey** with other documents)

For students to receive programming they must meet one or more of the following: (Please check all that apply).

- \_\_\_\_\_ performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
- \_\_\_\_\_ is behind in satisfactorily completing coursework or obtaining credits for graduation;
- \_\_\_\_\_ is pregnant or is a parent;
- \_\_\_\_\_ has been assessed as chemically dependent;
- \_\_\_\_\_ has been excluded or expelled according to sections [121A.40](#) to [121A.56](#);
- \_\_\_\_\_ has been referred by a school district for enrollment in an eligible program or a program pursuant to section [124D.69](#); Reason: \_\_\_\_\_
- \_\_\_\_\_ is a victim of physical or sexual abuse;
- \_\_\_\_\_ has experienced mental health problems;
- \_\_\_\_\_ has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
- \_\_\_\_\_ speaks English as a second language or is an English learner;
- \_\_\_\_\_ has withdrawn from school or has been chronically truant.

\_\_\_\_\_ I have reviewed the information with the student and parent/guardian, and per MN Statute 124D.128 subd 3. Student Planning, the District has informed parent and student that this is a choice program.

\_\_\_\_\_  
Signature of School District Representative

\_\_\_\_\_  
Phone

Email/fax this form to Nicole Larson at [nicole.larson@swwc.org](mailto:nicole.larson@swwc.org) or 507-831-6939.

Please include the following: (DO NOT SEND CUMULATIVE FILE)

- General Student Data
- Updated transcript with district graduation requirements the student has yet to meet
- Attendance records/Truancy information
- Immunizations
- Completed Lunch Form
- Current IEP and Evaluation Report
- MN Language Survey
- 504 Plan if applicable
- Discipline records
- ELL ACCESS testing scores