

ALTERNATIVE LEARNING OPPORTUNITY PROGRAM (ALOP)

Center for Student Success
848 N. Mill Road
Addison, IL 60101
630.386.6781 phone



DIRECTIONS TO APPLY FOR ENROLLMENT

The following information is required for a student to be considered for enrollment in the ALOP DuPage Program:

- Completed ALOP Application Form with all requested information
- Copy of valid driver's license, state ID or passport
- Free and reduce lunch form (if applicable)
- Request for program admittance signed by parent or guardian
- Documentation of academic interventions
- Copy of IEP or 504 plan (if applicable)
- Academic information: transcript, credits earned to date, current test scores
- Discipline report from sending school district

When all required information has been received, please email Kathy Ekstrand, Program Coordinator at kekstrand@dupageroe.org. If you have any questions regarding eligibility or the required documentation, please call Kathy at 630.386.6781 prior to sending the referral paperwork.

Once all required information is received, it will be reviewed by the Alternative Learning Opportunities Program Coordinator and you will be contacted regarding student's eligibility.

PLEASE NOTE:

- If a student is being assessed for Special Education, intakes will not be scheduled until after all referral assessments have been completed.
- When the student considered for enrollment has an individualized Education Plan, all procedures specified in the Special Education Administration Code must be followed.
- We do require that all schools provide transportation. All ADA for students will be reported by the program.

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**REQUEST FOR PROGRAM ADMITTANCE AND
RELEASE OF INFORMATION**

I/We _____ (Parent/Guardian) request to have my child be considered for the High School Alternative Learning Opportunities Program (ALOP).

I/We agree to have _____ (District School) release pertinent information regarding _____ (Student Name) to the Alternative Learning Opportunities Program (ALOP) for the purposes of enrollment and planning.

The person or agency to whom information is disclosed may not re-disclose this information unless I specifically consent to such re-disclosure. I understand that I have the right to inspect and copy the information to be disclosed. This consent is valid until one year from the date of this release. I understand I have the right to revoke this consent at any time. Refusal to consent to disclosure of this information will result in lack of coordination of services and inability to place student into program.

Signed: _____
(Parent/Guardian)

Date: _____

(Parent/Guardian)

Date: _____

(Student)

Date: _____

(District/School Representative)

Date: _____

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ALOP DUPAGE REFERRAL

Student: _____
Student's Legal Name (Correct Spelling)
"Nickname" (Optional)

Date of Birth: _____ Age: _____ Male _____ Female _____ Current Grade: _____

Address: _____

Home School: _____ District No.: _____

Population Group: _____

PARENT/GUARDIAN NAME(S):

Father/Guardian: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Marital Status: _____
 If separated or divorced, indicate who the legal guardian is and the access/restrictions of the non-custodial parent. Legal documentation must be on file.

Mother/Guardian: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Marital Status: _____
 If separated or divorced, indicate who the legal guardian is and the access/restrictions of the non-custodial parent. Legal documentation must be on file.

| | |
|-----------------|--|
| SCHOOL CONTACT: | PHONE NUMBER: |
| EMAIL ADDRESS: | HAS THE STUDENT BEEN REFERRED TO THE ROE FOR TRUANCY? YES NO |

- Does student have any medical issues? _____ Yes _____ No If yes, please supply supporting documentation.
- Is student currently Special Education or 504 identified? _____ Yes _____ No
- If yes, does the IEP include Alternate Education Program _____ Yes _____ No
- If student was previously receiving services, list and indicate date of IEP (include copy of most current)
- Has student received ESL services? _____ Yes _____ No Current level? _____
- Has there ever been a case study completed? _____ Yes _____ No
- Any current modifications of school work? _____ Yes _____ No
- What services/minutes are being provided/need to be provided? _____
- Has the student passed the Illinois Constitution Test? _____ Yes (Date) _____ No

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Student Name:

REASON FOR REFERRAL (please address each of the following areas):

*If unable to address any area due to limited contact with student, please contact ALOP staff.

| | Academic | Behavioral | Career |
|------------|----------|------------|--------|
| Strengths: | | | |
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| | | | |
| | | | |
| Needs: | | | |
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| | | | |
| Goals: | | | |
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| | | | |

Illinois Learning Standards not being met: _____

Has the student had any other alternative placements? If so, please provide dates and explanations.

Additional Comments: _____