

SOUTHERN PLAINS AREA LEARNING CENTER

1200 N PARK STREET * FAIRMONT, MN 56073

Student Referred By:

District: _____

Contact Person: _____

Stephanie Schmitz
Principal

Abbie Johnson
School Social Worker

Sarah Mittelstadt
Executive Director

EDUCATION OPTIONS PROGRAM

Student Name: _____

MARSS#: _____

- _____ Performs substantially below the performance level for pupils of the same age in a locally determined achievement test
- _____ Is behind in 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 districts for enrollment in an eligible program or a program pursuant to [124D.69](#)
- _____ Is a victim of physical or sexual abuse
- _____ Has experienced mental health problems
- _____ Has experienced homelessness sometime within 6 months before requesting a transfer to an eligible program
- _____ Speaks English as a second language or is an English learner
- _____ Has withdraw from school or has been chronically truant

I certify that the following has been done:

- Parent informed and acknowledged via _____ (phone, email, etc)
- Student informed and acknowledged

Name/Signature of Authorizing School District Representative

Date