# Alternative Education for Disruptive Youth (AEDY)

# Formal Periodic Review and Exit Plan

***Identifying Information***

| | | |
|---|---|---|
| Student: | Date of Review: | Number of Reviews since start of placement: |
| DOB: | Type of Review (**check only one**):<br>☐ Initial / Intake Review<br>☐ 45 Day Review<br>☐ 45 Day Review Exit Plan (Transition in process) | |
| Grade: | Date of Admission into AEDY:<br>Was the student expelled? ☐ Yes / ☐ No<br>If yes  Expulsion end date: | |
| School District/LEA: | Primary Reason for Placement:<br>☐ 1- Disregard for school authority, including persistent violation of school policy and rules<br>☐ 2- Display or use of controlled substances on school property or during school activities<br>☐ 3- Violent or threatening behavior on school property or during school-affiliated activities<br>☐ 4- Possession of a weapon on school property, as defined under 18 Pa. C.S. §912<br>☐ 5- Commission of a criminal act on school property or during school-affiliated activities<br>☐ 6- Misconduct that would merit suspension or expulsion under school policy | |

***Behavioral Assessment Information***

| |
|---|
| Behavioral Assessment Administered (Name of assessment): |
| Date of Last Administration: |
| Results related to Student Needs: |

# Alternative Education for Disruptive Youth (AEDY)

### *Last Review*

| |
|---|
| Date of Last Review:<br><br>Important information from last review (information that may impact success or struggle related to the goals): |

### *Current Interventions*

| |
|---|
| Tier 1: |
| Tier 2: |
| Tier 3: |

***Please list the Behavior of Concern, which placed the student in the AEDY Program.***

| |
|---|
| ***Behavior of Concern:*** |

### *Behavioral Goals*

***Goal(s) must include data and team input from the behavioral assessment and address the result of the behavior of concern.**

****Only unmet goals related to behavior may keep the Student in AEDY.***

| Behavioral Goals | Progress/Data Towards Goal(s) | Met Goal |
|---|---|---|
| **Goal (required):** | | ☐ Yes<br>☐ No |
| **Goal (required/not required):** | | ☐ Yes<br>☐ No |
| **Goal (not required):** | | ☐ Yes<br>☐ No |

# Alternative Education for Disruptive Youth (AEDY)

**If goals are not met, the team may elect to continue with the current goals or revise the behavioral goals. State the behavioral goals for the next 45-day placement.
** If the student is expelled and met their behavioral goal, use the section below to create a new goal for the student.

If goals are revised, document it here:

| Behavioral Goals | Progress Towards Goals | Met Goal |
|---|---|---|
| Goal (**required**): | | ☐ Yes<br>☐ No |
| Goal **(required/not required):** | | ☐ Yes<br>☐ No |
| Goal **(required/not required):** | | ☐ Yes<br>☐ No |

## Academic Review

***Attendance (since last review)***

| | | | |
|---|---|---|---|
| Days in Placement: | Days Present: | Days Absent: | Intervention Needed to support attendance:<br>☐ Yes / ☐ No |
| SAIP or TEP in place:<br>☐ Yes / ☐ No | SAIP date implemented: | SAIP Parties Involved: | |

***Academic Goals/Progress/Grades***

| |
|---|
| Academic Assessment Administered (Name of assessment):<br><br>Date of Last Administration:<br><br>Results related to Student Needs: |

# Alternative Education for Disruptive Youth (AEDY)

| Current Grades (since last review): | | Grades at the time of the last review: | |
|---|---|---|---|
| Subject | % | Subject | % |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Academic Progress Notes:

## 45-Day Review Meeting Input from Review Team

Student Input:

Parent/Guardian/Family Input:

## Alternative Education for Disruptive Youth (AEDY)

| School District Input (Teacher(s), Counselor(s), SAP Team, Principal, or other individuals involved with the student): |
|---|
| |

| AEDY Program Input: |
|---|
| |

## 45-Day Review Recommendation and Exit Plan:

☐ Remain in Program with Current Supports in place.

☐ Remain in the Program with Revised Supports (below)

| Revised Supports: |
|---|
| |

☐ Exit to regular school environment. (*Continue to the next section to develop Exit Plan)*

# Alternative Education for Disruptive Youth (AEDY)

## Exit Plan

| Transition Start Date: | Projected Transition End Date: |
|---|---|

| Explain the student's plan including the time, location and provision of education services: |
|---|
| |

| Credits Earned During Placement | | |
|---|---|---|
| Course/Course Code | % | Credits Earned |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Submit to LEA to award credits earned during placement. | | |

# Alternative Education for Disruptive Youth (AEDY)

## Successful Supports and Strategies Utilized in Program

(Optional Tool)

| Strategy/Support | Description | Person at Home School Responsible for Implementation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**General Outcomes (Select one from the following list):**

☐ Student exited to the regular classroom or home school.
☐ Student left the approved AEDY program, but did not return to the regular classroom or home school. Whereabouts unknown.
☐ Student graduated and received a high school diploma.
☐ Student was removed from the approved AEDY program to another placement.
☐ Student dropped out of school.
☐ Student moved out of the district for which placement was contracted.
☐ Other:

# Alternative Education for Disruptive Youth (AEDY)

## Signatures

| | | | |
|---|---|---|---|
| Student First Name | Last Name | Signature | Date |
| Parent First Name | Last Name | Signature | Date |
| School District Administrator | Position | Signature | Date |
| AEDY Representative | Position | Signature | Date |

**Others in attendance:**

| | | | |
|---|---|---|---|
| Name | Position | Signature | Date |
| Name | Position | Signature | Date |
| Name | Position | Signature | Date |
| Name | Position | Signature | Date |
| Name | Position | Signature | Date |

***Please explain any circumstances regarding missing signatures and describe efforts made to obtain the signature.***