

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): <input type="checkbox"/> Initial / Intake Review <input type="checkbox"/> 45 Day Review <input type="checkbox"/> 45 Day Review Exit Plan (Transition in process)	
Grade:	Date of Admission into AEDY: Was the student expelled? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes <input type="checkbox"/> Expulsion end date:	
School District/LEA:	Primary Reason for Placement: <input type="checkbox"/> 1- Disregard for school authority, including persistent violation of school policy and rules <input type="checkbox"/> 2- Display or use of controlled substances on school property or during school activities <input type="checkbox"/> 3- Violent or threatening behavior on school property or during school-affiliated activities <input type="checkbox"/> 4- Possession of a weapon on school property, as defined under 18 Pa. C.S. §912 <input type="checkbox"/> 5- Commission of a criminal act on school property or during school-affiliated activities <input type="checkbox"/> 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:

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Last Review

Date of Last Review:

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):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Goal (required/not required):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Goal (not required):		<input type="checkbox"/> Yes <input type="checkbox"/> No

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****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):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Goal (required/not required):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Goal (required/not required):		<input type="checkbox"/> Yes <input type="checkbox"/> No

Academic Review

Attendance (since last review)

Days in Placement:	Days Present:	Days Absent:	Intervention Needed to support attendance: <input type="checkbox"/> Yes / <input type="checkbox"/> No
SAIP or TEP in place: <input type="checkbox"/> Yes / <input type="checkbox"/> No	SAIP date implemented:	SAIP Parties Involved:	

Academic Goals/Progress/Grades

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

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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:

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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*)

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Exit Plan

Transition Start Date:	Projected Transition End Date:
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Explain the student's plan including the time, location and provision of education services:
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Credits Earned During Placement		
Course/Course Code	%	Credits Earned

Submit to LEA to award credits earned during placement.

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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:

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Signatures

_____ Student First Name	_____ Last Name	_____ Signature	_____ Date
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_____ Parent First Name	_____ Last Name	_____ Signature	_____ Date
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_____ School District Administrator	_____ Position	_____ Signature	_____ Date
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_____ AEDY Representative	_____ Position	_____ Signature	_____ Date
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Others in attendance:

_____ Name	_____ Position	_____ Signature	_____ Date
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_____ Name	_____ Position	_____ Signature	_____ Date
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_____ Name	_____ Position	_____ Signature	_____ Date
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_____ Name	_____ Position	_____ Signature	_____ Date
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_____ Name	_____ Position	_____ Signature	_____ Date
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****Please explain any circumstances regarding missing signatures and describe efforts made to obtain the signature.***