



Exceptional Student Education  
**Horizon Center Admission Checklist  
Supplement for ESE Students**

Before referring a student with a disability to the Horizon Center, school personnel should determine which situation is applicable. This student is being referred under: *(check one)*

- Weapons and Drug Offenses – Federal Definitions
- Other Level I Offenses
- History of Disruptive Behavior
- Felony Transfer

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ ESE Program: \_\_\_\_\_ Student#: \_\_\_\_\_

- The student’s cumulative record indicates that the needs of the student have been addressed with the following procedures before considering the alternative educational placement.
- Individual Educational Plan is current: Dated: \_\_\_\_\_
- Psychological evaluation/reevaluation is current within 3 years: Date: \_\_\_\_\_
- Educational services were provided during suspensions of more than 10 cumulative days.  
*(Check one)*  Homework assignments  In-school suspension with ESE consult/support  
 Home instruction  Other agency services  Other
- Documentation Dated: \_\_\_\_\_ Document Attached *(describe)*: \_\_\_\_\_
- Manifestation Determination: Dated: \_\_\_\_\_
- Plan for a Functional Behavior Assessment: Dated: \_\_\_\_\_  
Date of Consent for Reevaluation: \_\_\_\_\_ or Date completed with existing date: \_\_\_\_\_
- For Emotional/Behavioral Disabled (EBD) students, a conference notes statement by the IEP committee dated \_\_\_\_\_ that concludes that an ESE Center referral or placement is not appropriate at this time.  N/A
- Felony Transfers: For ESE students with a formal felony charge outside of school, a conference notes statement by the IEP committee dated \_\_\_\_\_ that describes how the offense could have an adverse impact on the educational setting.  N/A
- For students referred to alternative education for a history of disruptive behavior.  N/A  
Behavior Intervention Plan and Results Dated: \_\_\_\_\_  
Modifications to Behavior Plan and Results Dated: \_\_\_\_\_
- All of the above has been completed prior to send the referral to the Student Services Office.

\_\_\_\_\_  
*School Administrator Signature* *Title* *Date*

This form is attached to the Horizon Admission Checklist and sent to the Student Services Office. If the student is subsequently approved as eligible for alternative education, the above records are reviewed by the IPE committee when it convenes to make any final placement decision.