

Student Name:	
Legal Guardian Name:	

We at Puzzle Piece Programs understand the desire for wanting your child to achieve academic success. For this reason, we have developed a partnership with Wake County Public Schools to provide educational services through our Alternative Learning Program, ALP.

In order to participate, your child must be a day treatment client of Puzzle Piece Programs, be a current WCPSS student, and have an IEP. Wake County Public Schools' Special Education Services Department will determine eligibility for this related service according to laws referencing least restrictive environment.

*If your child is not presently enrolled in WCPSS, please call 919.850.1921 to determine where you need to go to register him/her or ask questions about the required documentation.*

**PLEASE COMPLETE THE FOLLOWING TO DETERMINE ELIGIBILITY**

EDUCATIONAL INFORMATION			
Grade: <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>		Is client currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current/Last School Attended		Main Number	
Does this client currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		IEP Contact	
Client currently: (please check all that apply)			
<input type="checkbox"/> attends school on a regular schedule. <input type="checkbox"/> attends school on a modified day. <input type="checkbox"/> receives education through home hospital services. <input type="checkbox"/> is long term suspended. <input type="checkbox"/> (other)_____			
Please describe the current situation/schedule including names of teacher(s) and course(s):			

I, \_\_\_\_\_, give my consent for Puzzle Piece Programs to receive and release any and all information required to adequately provide educational service with Wake County Public Schools in regards to above referenced client. This information includes, but is not limited to, IEP's, suspension documentation, attendance records, records of academic progress, and psychological evaluations.

_____ Signature of Client's Legal Guardian	_____ Date
Please direct all questions regarding this service to our ALP Coordinator, Kristin King. Email: kking@puzzlepieceprograms.com      Phone: 919.870.7780      Fax: 919.600.6700	