ACT & Connect - Alternative Learning Programs

Academic & Character Training - (Alternative School)

Connect - (Credit Recovery)

Sara A. Mynarcik, Director

P.O. Box 1970 Waco, Texas 76703-1970

Voice (254) 756-1974 Fax (254) 756-7902

RECORD OF BEHAVIOR PROBLEMS - *ACT*

Student's Name:_____ School: _____

Principal's Signature: _____

Describe the problems related to this assignment. Please be specific.

_____

_____

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_____

Length of assignment (if different from regular 6 weeks "30 net days"): _____ weeks/days

Starting Date: _____ Projected Ending Date: _____

Please use additional pages if necessary and/or attach other information of importance.

Please fax this form to Sara Mynarcik along with **ADMISSION** form.