Student Application- SY 2019 - 2020 Instructional Support Program

Date of Application: Sending School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: (please circle one) Fraims Boys & Girls Club Twilight\* LACC\*

\*All programs will use Credit Recovery software curriculum.

Name of Student: Date of Birth: Present Age



 Last First Initial

Student ID Number



Special Needs: Yes/No (Circle one) If Yes is circled, a completed Assurance Page must be attached to the application.

Address:





Name of Parents/Guardians:



Telephone Number (Home): (Work): (Cell):



Statement for Placement:





Items needed for packet completion:

1. E-school data sheets
	1. personal and contact information
	2. grades (Report Card)
	3. attendance history
2. Discipline Report — History
3. Transcript
4. Brief explanation of interventions (please attach)

Assurances: the person explaining the opportunity to student must place their initials next to each assurance.

* 1. Student must remain on school's roster.



* 1. Transition meeting with parent(s) must be scheduled prior to request.



* 1. Student attendance is monitored by attendance clerk or designee.



* 1. Monitoring student progress is required by school's Dropout Prevention Team.



* 1. Parent(s) & student understand the passing score to receive credit.



Signature of Student:



Signature of Parent/Guardian:



Signature of School Counselor:



Signature of Building Administrator:



Signature of Deputy Superintendent Services: Date:



Return completed application to the Deputy Superintendent

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Instructional Support Program

# ASSURANCE PAGE

This Assurance Page is to be submitted along with the Student Application for Instructional Support whenever a student with Special Needs is referred to one of the District's Instructional Support Programs to ensure compliance with Federal Law.

## Assurances

It is necessary for the Educational Diagnostician to Dlace their initial on the line next to each statement below.

Referral and placement of the student has been communicated to the school 's Educational Diagnostician.

The student's parent(s)/guardian is/are aware that Special Education services will not be provided with the exception of the Twilight program.

This student placement has been decided by the IEP team with the Education

Diagnostician as a member of that team. The student may be placed on monitor status with a staff member providing services to the student at least twice a month.

A change of placement meeting was held and the IEP was revised.

The annual IEP and the three year evaluation is the responsibility of the sending school

Necessary signatures for approval\* :

Parent/Guardian 

Educational Diagnostician

School Principal

Signature of School Counselor



Document completed by



\*Approval for a student with an IEP will not be granted unless all signatures are captured on this document.

Return completed application to theDeputy Superintendent

Individualized Learning Plan-ILP

Student Name

 School Name Counselor Name



 Date of Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSP Updated Yes or No # of Credits

Career Goal:



 Academic Goals Activities to Obtain Goal Review Date Person Responsible

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Graduate from High School in |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

Courses Needed to Graduate





Intervention(s)

 Activity / Program Explanation Time per Week Person Responsible

|  |  |  |  |
| --- | --- | --- | --- |
| LACC/Twilight/Red Clay MAP |  |  |  |
| Summer School |  |  |  |
| Other |  |  |  |

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_