

5-12-2015 Education Committee

Area Learning Center - Summer School

	2013-14	2014-15
Seat Based	154	113
Independent Study	186	251
Total	340	364

105 students in 14-15 Independent Study were taking Math

*** 38 Students in 14-15 Seat Based Summer School STAR ***

High School Summer School Program - Denfeld
Summer 2015 – 2016
Denfeld High School – 401 North 44th Ave. West, Duluth, MN 55807
Phone: 218-336-8756 Fax: 218-336-8770

Student Name: Last:	First:	Middle:	Grad Year (GSY):
Ethnic Code:		Student Date of Birth:	
Street Address:		Home phone:	Cell phone:
City:	State:	Zip code:	
Parent /Guardian Name:			
Parent Email:			
<i>(An enrollment confirmation email or phone call will be made when student is enrolled)</i>			

Parent/Guardian Approval and Student Agreement: Summer School provides an opportunity for students to recover credit(s) necessary for graduation. **Parents** hereby grant permission for their son/daughter to enroll in the classes selected below. **Students** hereby agree to attend the scheduled classes or appointments regularly, complete all assignments promptly and as directed, and to work to the best of their ability.

Parent/Guardian signature: _____ Date: _____
(Required for students under the age of 18)

Student signature: _____ Date: _____

SCHOOL INFORMATION:

Enrollment Status

Denfeld High School - for students age 14 and older who need to complete a half or full credit course
June 15 through July 23, 2015
8:00 to 10:00 a.m. Monday through Thursday
10:15 a.m. to 12:15 p.m. Monday through Thursday

Note: if applicant is an out of district student please attach a student data sheet with MARSS Number.

BASIS FOR REFERRAL:

<input type="checkbox"/> Student is deficient in credit requirements and needs the classes to graduate on time OR		
<input type="checkbox"/> Student meets graduation incentives eligibility guidelines (over) OR		
<input type="checkbox"/> Student is "post-12 th grade" and will be an August 2015 graduate if class(es) are completed		
Counselor/Administrator signature:	School:	Date:
Special needs information:	504 plan <input type="checkbox"/> yes <input type="checkbox"/> no	Individual Education Plan: <input type="checkbox"/> yes <input type="checkbox"/> no
Case manager signature: (Required if students has an IEP)	Date:	

Please attach supplemental information about required 504 Plan or IEP learning adaptations and /or modifications.

CLP Student Goal: To successfully complete/recover up to 1.0 credit required for graduation. The availability of classes is dependent upon enrollment. Referrals will be accepted through June 16, 2014.

Class	Credit	Class	Credit
<input type="checkbox"/> English 9	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Physical Science	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> English 10	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Biology	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> English 11 (includes Am. Literature)	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Intermediate Algebra I	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> Values in Literature	<input type="checkbox"/> .5	<input type="checkbox"/> Algebra II	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> Grammar & Composition	<input type="checkbox"/> .5	<input type="checkbox"/> Geometry	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> Civics & Geography	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0		
<input type="checkbox"/> American History 10	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0		
<input type="checkbox"/> World History	<input type="checkbox"/> .5 or <input type="checkbox"/> 1.0		

Note: Other classes may be arranged with special permission. Please contact the ALC office.

ALC 2015-2016 CONTINUAL LEARNING PLAN

NAME _____ BIRTHDATE _____ GRADE _____

PARENT NAME _____

ADDRESS _____

STUDENT PHONE NUMBER (____) _____ PARENT/GUARDIAN PHONE (____) _____

GRADUATION PLAN _____

Indicators of Need: (check all that apply)

_____ Performs substantially below the performance level for pupils of the same age (testing)

_____ Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation

_____ Is pregnant or a parent

_____ Has been excluded or expelled according to sections (121A.40 to 121A.56)

_____ Has been assessed as chemically dependent

_____ Has been referred by a school district for enrollment in an eligible program (124D.69)

_____ Is a victim of physical or sexual abuse

_____ Has experienced mental health problems

_____ Has experienced homelessness sometime within six months before requesting a transfer to an eligible program

_____ Speaks English as a second language or has limited English proficiency (LEP)

_____ Has withdrawn from school or has been chronically truant

MCA _____

ACCUPLACER _____

ASVAB _____

Current Services:

Special Education (IEP) _____

504 _____

Habitat _____

Families in transition _____

Grad Plan/Notes:

2015- 2016 DULUTH AREA LEARNING CENTER SUMMER SCHOOL REFERRAL
Historic Old Central H.S. - Room 101 (Lake Avenue Entrance) 215 N. 1st Avenue East - Duluth MIN 55802-2058
Phone: (218) 336-8756 Fax: (218) 336-8770

This program is open to youth ages 16 to 20 who meet one or more of the state eligibility guidelines.
 June 9 through August 27, 2015, Tuesdays and Wednesdays 8:00 a.m. - 12:00 p.m.

Student Name: Last:	First:	Middle:	Grad Year (GSY):
Ethnic Code:		Student Date of Birth:	
Street Address:	Home phone:	Cell phone:	
City:	State:	Zip code:	
Parent /Guardian Name:			
Parent Email:			
<i>(A confirmation email will be sent once the student is enrolled in PEAK.)</i>			

Indicators of Need: (Check all that apply)

<input type="checkbox"/> Performs substantially below the performance level for pupils of the same age in a locally determined achievement test.	<input type="checkbox"/> Is a victim of physical or sexual abuse.
<input type="checkbox"/> Has experienced mental health problems.	<input type="checkbox"/> Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation.
<input type="checkbox"/> Has experienced homelessness sometime within six months before requesting a transfer to an eligible program.	<input type="checkbox"/> Is pregnant or is a parent
<input type="checkbox"/> Speaks English as a second language or has limited English proficiency (LEP).	<input type="checkbox"/> Has been assessed as chemically dependent.
<input type="checkbox"/> Has been excluded or expelled according to sections 121A.40 to 121A.56.	<input type="checkbox"/> Has withdrawn from school or has been chronically truant
<input type="checkbox"/> Has been referred by a school district for enrollment in an eligible program or program pursuant to section 124D.69.	<input type="checkbox"/> Student has met one or more of this criteria

Student has a 504 Plan: Yes No (If "Yes" please attach a copy of the plan.)
 Student receives Special Education Services: Yes No (If "Yes" please attach a copy of the IEP.)

Class	Credit	Class	Credit
<input type="checkbox"/> English 9	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Physical Science I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> English 10	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Biology I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> English 11	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Earth and Space Science I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> Values in Literature	<input type="checkbox"/> 0.5	<input type="checkbox"/> Chemistry I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> Grammar & Composition	<input type="checkbox"/> 0.5	<input type="checkbox"/> Intermediate Algebra I I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> Civics & Geography	<input type="checkbox"/> 0.5	<input type="checkbox"/> Algebra II I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> American History I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Geometry I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> World History I or II (circle)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0	<input type="checkbox"/> Careers/Work Experience Program (Tues Only)	<input type="checkbox"/> 0.5 or <input type="checkbox"/> 1.0
<input type="checkbox"/> Economics	<input type="checkbox"/> 0.5	<input type="checkbox"/> Health (Tues Only)	<input type="checkbox"/> 0.5
<input type="checkbox"/> Government	<input type="checkbox"/> 0.5	<input type="checkbox"/> Physical Education (Tues Only)	<input type="checkbox"/> 0.5
		<input type="checkbox"/> Music (Tues Only)	<input type="checkbox"/> 0.5

Counselor/Administrator Signature _____ **Date** _____
 (Necessary for any student who has attended ISD709 classes within the past 12 months)

Student Signature/Agreement _____ **Date** _____
 I understand the ALC program requirements. I will work cooperatively with my ALC counselor to develop a Continual Learning Plan (CLP) and promise to put forth full effort to achieve my stated goals.

Parent or Guardian/Agreement _____ **Date** _____
 I understand the ALC program requirements. I support the decision of my son/daughter to enroll in the program and expect him/her to work cooperatively with his/her ALC counselor to develop a Continual Learning Plan (CLP) and to put forth full effort to achieve the stated goals.

ALC 2015-2016 CONTINUAL LEARNING PLAN

NAME _____ BIRTHDATE _____ GRADE _____

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STUDENT PHONE NUMBER (____) _____ PARENT/GUARDIAN PHONE (____) _____

GRADUATION PLAN _____

Indicators of Need: (check all that apply)

- _____ Performs substantially below the performance level for pupils of the same age (testing)
- _____ Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation
- _____ Is pregnant or a parent
- _____ Has been excluded or expelled according to sections (121A.40 to 121A.56)
- _____ Has been assessed as chemically dependent
- _____ Has been referred by a school district for enrollment in an eligible program (124D.69)
- _____ Is a victim of physical or sexual abuse
- _____ Has experienced mental health problems
- _____ Has experienced homelessness sometime within six months before requesting a transfer to an eligible program
- _____ Speaks English as a second language or has limited English proficiency (LEP)
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