Morrow County School District

Expanded Options Program Summary District

The EOP/advisory support team has determined that the post-secondary course is eligible for EOP credit.

Date:_____   Student: _____

Grade: _____

Currently or previously in EOP?   [ ]   Yes   [ ]   No

If yes, name of
course_____

and institution_____

Parent/Guardian: _____

Address: _____

Phone (Day): _____   Phone (Evening): _____

Alternative Phone: _____   Email: _____

Application Information

Post-secondary Institution: _____

Eligible?   [ ]   Yes   [ ]   No

Negotiated agreement with institution?   [ ]   Yes   [ ]   No

Post-secondary course:_____

Duplicate course?   [ ]   Yes   [ ]   No

If yes, notification sent to student at address above?   [ ]   Yes   [ ]   No

If yes, student appeal?   [ ]   Yes   [ ]   No

Final decision:
_____

Educational/Career Planning

Advisory support team members:

Name_____   Title_____

Name_____   Title_____

Name_____   Title_____

Name_____   Title_____

Name_____   Title_____

Meeting scheduled with student or parent or both?   [ ]   Yes   [ ]   No

If yes, date of scheduled meeting:_____

Follow-up meeting required?   [ ]   Yes   [ ]   No

If yes, dates of those meetings: _____

If no, date(s) when called or will call to schedule meeting: _____

Joint advisory support team and student goals (short and long term career and academic)_____

_____

_____

Action items: _____

_____

_____