

# Student Application- 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
  - a. personal and contact information
  - b. grades (Report Card)
  - c. 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.  
\_\_\_\_\_

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

---

3. Student attendance is monitored by attendance clerk or designee.

---

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

---

5. 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

## Student Application- Instructional Support Program

### 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 Place 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 Educational 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 the Deputy Superintendent

## Individualized Learning Plan-ILP

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Grade Level \_\_\_\_\_

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 \_\_\_\_\_