

## 2020-21 DULUTH AREA LEARNING CENTER - SUMMER SCHOOL REFERRAL FORM

Denfeld High School 401 N 44th Ave W, Duluth, MN 55807

Phone: (218) 336-8756 Fax: (218) 336-8770

This program is open to youth who have completed grade 9 or above and have not earned credit for a high school course

Student Name: Last:	First:	Middle:	Grad Year (GSY):
Student Date of Birth:	Male/Female (circle one)	Federal Ethnicity Codes: <i>(please choose number)</i> _____ (1) Hispanic/Latino (2) Am Indian (3) Asian (4) Black/African American (5) Native Hawaiian/Pacific Islander (6) White;	
Parent/Guardian Name:	State Ethnicity Codes: <i>(please choose number)</i> _____ (1) Am Indian (2) Asian (3) Hispanic (4) Black/African American (5) White		
Street Address:	Home phone:	Cell phone:	
City:	State:	Zip code:	
Parent Email: (REQUIRED)			

**Note: If applicant is NOT an ISD 709 student, please attach a "referring district" student data sheet with MARSS Number, as well as the Duluth Public Schools Registration Form completed by a parent/guardian or the adult student. Your school counselor will provide this form.**

Student has a 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student receives Special Education Services: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please attach supplemental Information about required 504 Plan or IEP learning adaptations and/or modifications.</i>	

The 2020-21 Summer School Program will be completed **through distance learning with options of paper packets or technology and Chromebooks**. Students may only take 1 course at a time beginning on Monday, **June 15, 2020 through August 13, 2020**. Teachers will be available to answer questions via phone, Google Meet, or email Monday-Thursday from 9-12:00. Chromebooks will be made available upon request. Packet pick-up and drop-off will be available every Monday-Thursday in file cabinets in the Denfeld entry way. Packet delivery will be available throughout Duluth for those not able to get to Denfeld.

Class	Credit	Class	Credit
<input type="checkbox"/> English 9 (circle)	I or II ___ 0.5 or ___ 1.0	<input type="checkbox"/> Physical Science	I or II (circle) ___ 0.5 or ___ 1.0
<input type="checkbox"/> English 10 (circle)	I or II ___ 0.5 or ___ 1.0	<input type="checkbox"/> Biology	I or II (circle) ___ 0.5 or ___ 1.0
<input type="checkbox"/> English 11 (includes Am. Lit.) (circle)	I or II ___ 0.5 ___ 0.5 or ___ 1.0 ___ 0.5 or ___ 1.0	<input type="checkbox"/> Intermediate Algebra I	I or II (circle) ___ 0.5 or ___ 1.0
<input type="checkbox"/> Civics & Geography		<input type="checkbox"/> Algebra II	I or II (circle) ___ 0.5 or ___ 1.0
<input type="checkbox"/> American History (circle)	I or II ___ 0.5 or ___ 1.0	<input type="checkbox"/> Geometry	I or II (circle) ___ 0.5 or ___ 1.0
<input type="checkbox"/> World History (circle)	I or II		

**Counselor/Admin. Signature** \_\_\_\_\_ **School** \_\_\_\_\_ **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 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 counselor to develop a Continual Learning Plan (CLP) and to put forth full effort to achieve the stated goals.

**\*Please Note: Counselors are required to complete and sign the CLP on the reverse side of this form.**

**2020-21 ALC CONTINUAL LEARNING PLAN**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME (PRINTED) \_\_\_\_\_

ADDRESS \_\_\_\_\_

STUDENT PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ PARENT/GUARDIAN PHONE (\_\_\_\_) \_\_\_\_\_

**Indicators of Need: (Check  all that apply)**

<input type="checkbox"/> Performs substantially below the performance level for pupils of the same age in 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 these criteria.

**Current Services:**

Special Education (IEP) \_\_\_\_\_

504 \_\_\_\_\_

Families in transition \_\_\_\_\_

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

**Goal for current school year:** \_\_\_\_\_

**Counselor/Admin. Signature** \_\_\_\_\_ **School** \_\_\_\_\_ **Date** \_\_\_\_\_

(Necessary for any student who has attended ISD709 classes within the past 12 months)

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**\*Please Note: Counselors are required to complete and sign the CLP**

***Please check box if additional accommodation is needed:***

- Chromebook
- Paper Packets