

2020-21 DULUTH AREA LEARNING CENTER - SUMMER SCHOOL REFERRAL FORM
Historic Old Central High School (3rd Street Entrance), 215 N First Ave E, Duluth, MN 55802
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.

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 **strictly through distance learning**. This is an Independent Study version of Credit Recovery. Teachers will be available to assist students on **Tuesdays and Wednesdays 8 am to 12 pm through text, email, phone call or Google Meet.** Summer School will run from **June 16, 2020 till August 19, 2020.**

Class	Credit	Class	Credit
<input type="checkbox"/> English 9	I or II (circle)	<input type="checkbox"/> Physical Science	I or II (circle)
<input type="checkbox"/> English 10	I or II (circle)	<input type="checkbox"/> Biology	I or II (circle)
<input type="checkbox"/> English 11	I or II (circle)	<input type="checkbox"/> Physics	I or II (circle)
<input type="checkbox"/> Values in Literature	___ 0.5	<input type="checkbox"/> Chemistry	I or II (circle)
<input type="checkbox"/> Grammar & Composition	___ 0.5	<input type="checkbox"/> Work Experience Seminar	___ 0.5
<input type="checkbox"/> Civics & Geography	___ 0.5	<input type="checkbox"/> Work Experience Internship	___ 0.5 or ___ 1.0
<input type="checkbox"/> American History	I or II (circle)	<input type="checkbox"/> Health	___ 0.5
<input type="checkbox"/> World History	I or II (circle)	<input type="checkbox"/> Physical Education	___ 0.5
<input type="checkbox"/> Economics	___ 0.5	<input type="checkbox"/> Art	___ 0.5
<input type="checkbox"/> Government	___ 0.5	<input type="checkbox"/> Spanish I	I or II (circle)
<input type="checkbox"/> Intermediate Algebra I	I or II (circle)		___ 0.5 or ___ 1.0
<input type="checkbox"/> Algebra II	I or II (circle)		___ 0.5 or ___ 1.0
<input type="checkbox"/> Geometry	I or II (circle)		___ 0.5 or ___ 1.0
<input type="checkbox"/> Probabilities and Stats	I or II (circle)		___ 0.5

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)

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

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

STAFF SIGNATURE _____

Counselor/Parent/Guardian/Student: Please complete this form entirely and email to Jennifer Black at jennifer.black@isd709.org as soon as possible. Once we have enrolled the student, the parent will receive an email from our summer school coordinator with the login information for the student. A parent email is required at the top of the first page of this form.

Please check box if additional accommodation is needed:

- Chromebook
- Paper Packets