

Cloquet Area Alternative Education Programs

302 14th Street Cloquet, MN

Extended Day High School Enrollment Form and Continual Learning Plan Summer 2021

Legal Name: _____ Home Phone: _____

Student Cell Phone _____ Student Email _____
STUDENT EMAIL AND/OR CELL PHONE NUMBER ARE REQUIRED TO COMMUNICATE IN CASE
OF COVID RESTRICTIONS/CONTACT TRACING.

Address: _____ City _____ Zip _____

ARE YOU 16? Birth Date: _____ Grade: _____ Race: _____

Referring School District: _____

Counselor's Name: _____

Does the student have an IEP or 504 Plan? _____ Yes _____ No

If yes, where are the accommodations: _____

Parent's Name: _____

Address (if different than student): _____

What session(s) will you be attending?

Session 1: June 8,9,10 _____

Session 2: June 15, 16 17 _____

Session 3: June 22,23,24 _____

Session 4: June 29, 30 July 1 _____

For the dual enrolled students, the alternative programs and the resident district are responsible for the following record keeping required by state statute 124D.128. The resident district's information, in addition to information on this form, comprises the student's continual learning plan. 1) The student's learning objectives and experiences, 2) Assessment measurements used to educate a student's objectives, 3) Requirements for grade level progression, and 4) Records of which objectives were unmet.

Dual enrolled students currently attending an area high school must have permission from their counselor or principal to enroll in Extended Day High School classes.

Counselor's Signature (REQUIRED) Date

Student's Signature (REQUIRED) Date

Parent's Signature (REQUIRED) Date

Program Coordinator's Signature Date of Registration

PARTICIPANT CHARACTERISTICS

(Please check all that apply)

REFERRED BY:

School _____

Self _____

Parent _____

Other _____

HIGH SCHOOL GRADUATION INCENTIVES (school, self, or parent referrals) Under Age 21

- _____ Performs substantially below the performance level for pupils of the same age in a locally determined achievement test
- _____ Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation. or completing coursework or obtaining credits for graduation
- _____ Is pregnant or is a parent
- _____ Has been assessed as chemically dependent
- _____ Has been excluded or expelled according to sections 127.26 to 127.39
- _____ Has been referred by a school district for enrollment in an eligible program pursuant to section 126.23
- _____ Is a victim of physical or sexual abuse
- _____ Has experienced mental health problems
- _____ Has experienced homelessness sometime within six months before requesting transfer to an eligible program
- _____ Speaks English as a second language or has limited English proficiency

TARGETED YOUTH AND OTHER REFERRAL CHARACTERISTICS (school referrals only)

- _____ Has been a victim of documented peer severe verbal harassment, physical harassment or sexual harassment
- _____ Has been a victim of reported peer verbal, physical or sexual assault
- _____ Has been suspended for disruptive, dangerous, or violent behavior
- _____ Has had attendance problems, but has not been suspended
- _____ Has demonstrated a poor attitude toward learning, class participation, self motivation and responsibility
- _____ Has low self-esteem
- _____ Has dropped out of school
- _____ Has failed enough credits so as to be behind in the ability to graduate with classmates
- _____ Has a need for individual attention for academic, personal and/or social problems
- _____ Has a fear of school
- _____ Has been retained at any time
- _____ Has changed schools often
- _____ Is below one or more grade levels in achievement

STUDENTS AT LEAST 21 YEARS OF AGE (school or self referrals)

- _____ Eligible for re-employment insurance benefits or has exhausted the benefits
- _____ Eligible for, or is receiving income maintenance and support services, as defined in section 268.0111, subdivision 5
- _____ Eligible for services under the displaced homemaker program, state wage subsidy program, or any programs under the Federal Jobs Training Participation Act or its successor

Course Offerings

Counselors must select specific classes and quarters. Each quarter class is .25 credit.

If more than 2 classes are selected, please indicate the order they should be taken in.

Electives

Work Based Learn (pre-approved only)	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Introduction to Information Technology 1	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Healthy Living	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Personal Finance	Q1 _____	Q2 _____		

English

Language Arts 9	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Language Arts 10	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Language Arts 11	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Language Arts 12	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Literacy and Comprehension II	Q1 _____	Q2 _____		

Math

Algebra I	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Algebra II	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Geometry	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Pre-Algebra	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Probability and Statistics	Q1 _____	Q2 _____	Q3 _____	Q4 _____

Social Studies

Economics	Q1 _____	Q2 _____		
Human Geography	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Survey of World History	Q1 _____	Q2 _____	Q3 _____	Q4 _____
U.S. Government	Q1 _____	Q2 _____		
U.S. History	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Career Explorations	Q1 _____	Q2 _____		
Psychology	Q1 _____	Q2 _____	Q3 _____	Q4 _____

Science

Biology	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Chemistry	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Environmental Science	Q1 _____	Q2 _____	Q3 _____	
Physical Science	Q1 _____	Q2 _____	Q3 _____	Q4 _____
Physics	Q1 _____	Q2 _____	Q3 _____	Q4 _____

Other, by pre-arrangement:

Counselor Signature

Date

Continuing Learning Plan

Learning goals while attending EDHS:

What are your goals, this school year, while attending the Extended Day High School?

What will you do to reach these goals?

What are your goals after you graduate?

How will your goal be measured? (Filled by EDHS staff)

Student Goals will be measured by completion of EDHS class with passing grade.

Team member signatures:

	Signature	Date
Parent/Guardian	_____	_____
Student	_____	_____
EDHS staff	_____	_____