

Duluth Area Learning Center
Independent Study/Credit Recovery Referral
215 N. 1st Avenue East Room 126

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

(Open to students age 16 and above)

Independent Study/Credit Recovery is a digital curriculum with Teacher support.
Classrooms will be open Monday – Thursday 8:00 to 8:45 am and/or 3:30 to 5:00 pm

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

Parent/Guardian Approval and Student Agreement: The ALC provides an opportunity for students to recover credit(s) necessary for graduation. **Parents** hereby grant permission for their son/daughter to enroll in the classes selected below. **Students** hereby agree to attend the scheduled classes or appointments regularly, complete all assignments promptly and as directed, and to work to the best of their ability.

Parent/Guardian signature: _____ Date: _____
(Required for students under the age of 18)

Student signature: _____ Date: _____

Basis for Referral:

___ Student is deficient in credit requirements and needs the classes to graduate on time		
Counselor/Administrator signature:	School:	Date:
Special needs information: 504 plan ___ yes ___ no	Individual Education Plan: ___ yes ___ no	
Case manager signature: (Required if students has an IEP)	Date:	

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

CLP Student Goal: To successfully complete/recover credit(s) required for graduation.

ATTENTION COUNSELORS: Please complete the Continual Learning Plan form on the reverse side of this form.

Note:

Requirements: Teacher/Student contact time should be a minimum of 20% = minimum of 19 hours

Class	Credit	Class	Credit
___ English 9	I or II (circle)	___ Intermediate Algebra I	I or II (circle) ___ 0.5 or ___ 1.0
___ English 10	I or II (circle)	___ Algebra II	I or II (circle) ___ 0.5 or ___ 1.0
___ English 11 (includes Am. L)	I or II (circle)	___ Geometry	I or II (circle) ___ 0.5 or ___ 1.0
___ Values in Literature	___ 0.5	___ Probability and Statistics	I or II (circle) ___ 0.5 or ___ 1.0
___ Grammar & Composition	___ 0.5	___ Work-Based Learning Seminar	___ 0.5
___ Civics & Geography	___ 0.5	___ Work-Based Learning Internship	___ 0.5 or ___ 1.0
___ American History	I or II (circle)	___ Business & Personal Finance	___ 0.5
___ World History	I or II (circle)	___ Spanish I	I or II (circle) ___ 0.5 or ___ 1.0
___ Economics	___ 0.5	___ Exploration of Music	___ 0.5
___ American Government	___ 0.5	___ Art Across Mediums	___ 0.5
___ Physical Science/Earth Science Intg.	I or II (circle)	___ Health	___ 0.5
___ Biology	I or II (circle)	___ Foundations of Fitness	___ 0.5
___ Chemistry	I or II (circle)		
___ Physics	I or II (circle)		

Note: if applicant is an out of district student please attach a student data sheet with MARSS Number.

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

**Duluth Area Learning Center Independent Study/Credit Recovery
CONTINUAL LEARNING PLAN**

NAME _____ BIRTHDATE _____ GRADE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ PARENT/GUARDIAN EMAIL _____

STUDENT PHONE (_____) _____ PARENT/GUARDIAN PHONE (_____) _____

GRADUATION PLAN _____
(School awarding diploma; anticipated graduation year)

Indicators of Need: (check all that apply)

- _____ Performs substantially below the performance level for pupils of the same age (testing)
- _____ Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation
- _____ Is pregnant or a parent
- _____ Has been excluded or expelled according to sections (121A.40 to 121A.56)
- _____ Has been assessed as chemically dependent
- _____ Has been referred by a school district for enrollment in an eligible program (124D.69)
- _____ Is a victim of physical or sexual abuse
- _____ Has experienced mental health problems
- _____ Has experienced homelessness sometime within six months before requesting a transfer to an eligible program
- _____ Speaks English as a second language or has limited English proficiency (LEP)
- _____ Has withdrawn from school or has been chronically truant
- _____ Student has met one or more of the above requirements

MCA _____ ACCUPLACER _____

ASVAB _____ ACT _____

Current Services:

Special Education (IEP) _____

504 _____

Habitat _____

Families in transition _____

Grad Plan/Notes:

Counselor/Administrator Signature _____ **Date** _____