

**2017-2018 Duluth Area Learning Center Independent Study/Credit Recovery Referral**  
**Historic Old Central H.S. - Room 126 (3rd Street Entrance) 215 N. 1st Avenue East - 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.

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:	First:	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:	City:	State:	Zip:	Home/cell number:

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

<b>Student has a 504 Plan: ___ Yes ___ No</b>	<b>Student receives Special Education Services: ___ Yes ___ No</b>
<i>Please attach supplemental information about required 504 Plan or IEP learning adaptations and/or modifications.</i>	

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"/> Music	___ 0.5
<input type="checkbox"/> Government	___ 0.5	<input type="checkbox"/> Art	___ 0.5
<input type="checkbox"/> Intermediate Algebra I	I or II (circle)	<input type="checkbox"/> Spanish I	I or II (circle)
<input type="checkbox"/> Algebra II	I or II (circle)		
<input type="checkbox"/> Geometry	I or II (circle)		

**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.**

**ALC 2017-2018 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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_

**STAFF SIGNATURE** \_\_\_\_\_