

2018- 2019 DULUTH AREA LEARNING CENTER SUMMER SCHOOL REFERRAL
June 12 through August 15, 2018, Tuesdays and Wednesdays 8:00 a.m. - 12:00 p.m. (NO SCHOOL JULY 3 - 4, 2018)
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.

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:			

Note: if applicant is an out of district student please attach a "referring district" student data sheet with MARSS Number, as well as the Duluth Public Schools Registration Form signed by a parent/guardian or the adult student.

Student has a 504 Plan: Yes No Student receives Special Education Services: Yes No

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

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

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 2018 - 2019 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 _____