

2021-2022 Referral for ISAEP Services



All Incomplete Referrals Will Be Returned

Referral Initiated by (select only one):

- Administrator Counselor
 Self (Student) Parent
 Social Worker Teacher

Reason for Referral (select only one; if other please specify):

- Other: _____
 Academic Challenges Age Imbalance
 Disciplinary Issues

STUDENT

Student's Legal Name: (first, MI, last) _____ Date of Referral: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____ Student ID: _____

Student Cell: _____ Student email: _____

Does the student have a Government issued ID: Yes No If not scheduled for: _____

Race: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Hispanic

PARENT

Parent/Guardian Name(s): _____ Email: _____

Address: _____ Home #: _____ Cell #: _____

City, State: _____ Zip Code: _____ Work #: _____

NNPS Home School: _____ **Counselor's Name:** _____

Total High School Credits Earned (Core and Elective): _____ Economic and Personal Finance Credit: _____

Cohort Year: _____ Student Status (select one): Reg. Ed 504 SpEd

> IEP meeting was held on: Date _____ Spec Ed Lead's Signature: _____

If NEW to NNPS, please state prior school and location:

Prior School: _____ City/State: _____

Graduation Plan (select one): Employment College Military Vocational

Is the student employed? _____ If yes, Where? _____

REQUIRED DOCUMENTS 2020-2021 to Present:

- Portrait of a Student Copy of IEP Current 504 plan Transcript Truancy Conference Documentation

ISAEP OFFICE USE ONLY

Test Date: _____ **GED / ISAEP** **BUS:** ___ Y ___ N **Session** ___ 1 ___ 2 **Start Date:** _____

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|---------|----------------|------|---------------|------|
| SCIENCE | SOCIAL STUDIES | MATH | LANGUAGE ARTS | TABE |
|---------|----------------|------|---------------|------|

DISCLOSURE AND PARENTAL CONSENT

Enrollment Requirements

- School based meeting
- Student assessment
 - 7.5 grade equivalent or higher on a recognized standardized measure of reading assessment
 - Achievement of 125 or higher on each of the four GED Ready practice tests
- Valid government issued ID **or appt** w/DMV to obtain

I understand my child's options for completing public school, and I have received a full disclosure of the relevant aspects of the ISAEP Program. I agree that this program is in the best educational interest of my child and give permission for my child to take the placement test at South Morrison.

Signature of Parent/Guardian: _____ Date: _____

ISAEP PROGRAM APPLICATION-NEWPORT NEWS PUBLIC SCHOOLS PARENTAL PERMISSION LETTER INDIVIDUAL STUDENT ALTERNATIVE EDUCATION PLAN (ISAEP)

I, _____, legal guardian of _____, do hereby grant permission for my child to withdraw from the high school diploma curriculum in order to pursue a GED Certificate. I realize that my child will no longer be considered a high school diploma candidate and will be withdrawn from all classes except those designed to prepare him/her for the GED certificate and to provide an overview of vocational workplace skills.

I further acknowledge that my child will still remain subject to all Commonwealth of Virginia laws including **Mandatory School Attendance**, and to all Newport News Public Schools procedure and policies including **all sections of the Student Rights and Responsibilities Handbook**.

Requirements for successful exit:

- Pass 4 subjects of the official GED test with a score of 145
- Complete Economics and Personal Finance course
- Complete Career Inventory Exploration & Activities
- Exit Survey / Interview

Initial each line

REQUEST FOR RELEASE OF GED SCORES

TO WHOM IT MY CONCERN:

I am hereby giving permission for the release of my GED scores to the faculty and staff of the GED program in which I am enrolled.

Print Name of Student: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____