

Date returned \_\_\_\_\_

Acceptance \_\_\_\_\_

(For administrative use only)

## Garrett Learning Center Application /Individual Service Plan

**Student Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_ **STN#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Parents/Guardian(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

(If different from student)

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade Level:** 9 10 11 12 **Time Preference:**  8:00-11:00  
 12:00-3:00

**The student meets the following criteria for placement:**

- Student intends to withdraw or has withdrawn before graduation.
- Student has failed to comply academically AND would benefit from instruction offered in a manner different from the traditional school.
- Student is a parent or expectant parent AND is unable to regularly attend the traditional school.
- Student is employed and the employment is necessary for support of the student's family and it interferes with a part of the instructional day.
- Student is a disruptive student with a documented history of frequent disruptions despite repeated attempts in the traditional school to modify behavior with progressive disciplinary program.
- Accelerate or complete required credits
- Returning to Alternative School
- Other (please explain)

\*\*\*The remainder of the page should be completed by guidance\*\*\*

**Does the student have an IEP or 504 Plan?**  Yes  No **If so, has a case conference been held?**  
(If Yes, please attach 504 Plan)  Yes  No

**Number of credits:** \_\_\_\_\_

**Passed ISTEP or GQE: Mathematics**  Yes  No  
**English/LA**  Yes  No

\*\*\*To be completed by the student\*\*\*

**Career Interest/Exploration:** \_\_\_\_\_

**Post-Secondary Plans:** \_\_\_\_\_

**Why do you feel that you would be more successful at the Garrett Learning Center?** \_\_\_\_\_

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

**Describe what high school is like for you.** \_\_\_\_\_

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

**What is the most difficult thing for you in school?** \_\_\_\_\_

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

**What motivates you to stay in school?** \_\_\_\_\_

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

**What is your favorite subject in school? Why?**

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

**Is graduating from high school important to you? Why?** \_\_\_\_\_

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

**The Garrett Learning Center is able to accommodate 40 students, maximum. Why should you be chosen over other candidates?** \_\_\_\_\_

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

**We the parents/guardians of \_\_\_\_\_ understand that teaching and administrative personnel of the Garrett Learning Center will provide the opportunities for my student to succeed in earning credits toward graduation, and provide an environment which enhances moral and behavioral values.**

**My student has promised that, given the opportunity to continue his/her education at the Garrett Learning Center, he/she will not violate the school regulations nor encourage any other student to do so.**

**In the even the student should become involved in any behavior, which is in violation of the student contract, we understand the student will be withdrawn from the Garrett Learning Center. My student also understands this agreement, and promises to give the school his/her full cooperation during the school year.**

**Should signs of a problem begin to occur, we ask that every effort be made to get in touch with us before it reaches a critical point. We believe that with our cooperation, serious problems can be prevented, and the opportunity to earn credits and continue his/her education will not be placed in jeopardy.**

**Parents/guardians are asked to meet or call the Garrett Learning Center teacher/director periodically.**

**We ask that this signed agreement will service to indicate that we fully understand and agree to abide by the contents of the handbook and previous statements.**

**Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Designated school official signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Attach current transcript and list courses and credits needed for graduation.

**Garrett Learning Center**  
**Individual Service Plan**  
To be filled out by GKB administrator

Student Name \_\_\_\_\_

Date ISP Filed \_\_\_\_\_ Entrance Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Credits Earned at HS \_\_\_\_\_ Credits Earned at GLC \_\_\_\_\_

<b>Expectations</b>	
<b>Needs</b>	
<b>Goals</b>	
<b>Services</b>	
<b>Progress Monitoring</b>	
<b>Program Effectiveness</b>	