**Student Name:**  **Date:**  **Grade:** **DOB:**

**Graduation year:**

***Student Needs***: (Check Appropriate):

|  |  |
| --- | --- |
| * Improve Relations with Authorities
 | * Improve school attendance
 |
| * Display behavior appropriate to the setting
 | * Completion of course assignments
 |
| * Improve interpersonal skills with peers
 | * participate in academic programming
 |
| * Improve self-image
 | * participate in a specified counseling program
 |
| * Completion of the graduation project
 | * Improve school anxiety
 |
| * Social skill development
 | * Improve decision making
 |
| *
 |  |

**PSSA Scores:**

|  |  |  |
| --- | --- | --- |
| * ELA Score:

**Keystone Scores:**  | * Science Score:
 | * Math Score:
 |
| * Algebra Score:
 | * Literature Score:
 | * Biology Score:
 |

**Other Testing:**

|  |  |  |
| --- | --- | --- |
| * CDT:
 | * Wechsler:
 | * Other:
 |

***Student (Academic and Emotional) Program Goals:***

1. Academic Goal:

 2. Behavioral Goal:

3. Personal Goal: (If willing to share)

4. Wellness Goal: (Physical, social, mental if willing to share)

**Student Strengths and Weaknesses:**

**Strengths:**

**Areas of Growth:**

**Instructional Strategies**

* Small Group Instruction
* Project Based Instruction
* Enrichment
* District Cyber Education

District Cyber Contact (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Group Counseling
* Acceleration
* Flexible schedule
* Career exploration
* Mentorship
* Traditional Classroom Setting
* Small instructional setting (alternative)

***Long term goals***:

(Post-secondary education/workforce)

 2.

**Educational Courses required for current year and graduation:** (fill out for Fusion Enrollment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course  | Current Level | How many courses required  | CA Course to be taken to accommodatethis school year | Next Year if still present |
| English |   |   |   |   |
| Math |   |   |   |   |
| Social Studies |   |   |   |   |
| Science |   |   |   |   |
| HPE |   |   |   |   |
| Art |  |  |  |  |
| Technology credit |   |  |  |  |
| Family Consumer Science (Culinary) |   |  |  |  |
| Senior Project |   |  |  |  |
| Additional Education requirement |   |   |   |   |
|  |  |  |  |  |

**Enrollment Information:**

**Address: PA Secure ID#**

**Parent Contact:**

Name: Phone**: cell:**

Email:

**Student Contact:**

Phone:

Email:

**District LEA Contact:**

Name:

Phone:

Email:

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

Parent Signature Date

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

Student Signature Date

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

District Representative Date

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

Greene County Academy Representative Date