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| **MISSOURI OPTION STUDENT APPLICATION****Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **First Middle Last****Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2018-2019 School Year\* **Credits Earned:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Student is enrolled based on their cumulative credits earned reflected on certified transcripts. Student must have 6 high school credits to apply.** |
| **For Office Use Only:** **Date/Time Stamp Here****STUDENT ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credits Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2018 – 2019** **Riverview Gardens Missouri Option Enrollment Form**Image result for riverview gardens logoSTUDENTS MUST BE ENROLLED BY THEIR PARENT OR LEGAL GUARDIAN AND RESIDE WITHIN THE RIVERVIEW GARDENS SCHOOL DISTRICT.  A completed enrollment packet is required to schedule an enrollment interview at ACE Learning Centers. Only completed enrollment packets will be contacted for an enrollment interview.If you have any questions you can contactDr. Jarret Smith, Director of Alternative Education314-869-4700 Ext. 2051 |



**Riverview Garden School District**

**Missouri Option Program**

**What is the Missouri Option Program?**

The Missouri Option Program is designed to serve students who lack the credits necessary to graduate with their class and are at risk of leaving school without a high school diploma. The program specifically targets students who are 17 to 20 years of age and are at least one year behind their cohort group or, for other significant reasons identified in the local Missouri Option Program plan, are unable to complete their diploma with their cohort group.

Graduation through the Missouri Option Program is not dependent on Carnegie credit attainment. It is a competency-based program approved by the State Board of Education that utilizes a high school equivalency exam as mastery for graduation purposes. The HiSET® is the exam sanctioned by the state for the Missouri Option program. It is developed and distributed by the Educational Testing Service (ETS). Missouri Option students who successfully pass the exam and complete all other program requirements are eligible to receive a high school diploma.

**How does the Missouri Option Program benefit a student?**

Missouri Option Program instructors provide ongoing academic/career advisement with supplemental guidance and counseling as needed. Students have access to all educational programs and services available in the LEA, receive valuable academic and life-skills instruction, earn a high school diploma, and, upon successful completion of program requirements, are eligible to participate in commencement ceremonies.

**What is required of Missouri Option Program students?**

Students must participate in a minimum of 15 hours of academic instruction per week. Students must also be enrolled in other school-supervised instructional activities (career education courses, elective classes, work experience, etc.) that lead to the student's classification by the LEA as a full-time student. The LEA should provide a level and quality of education that ensures the integrity of the Missouri Option Program and locally issued high school diploma.

Local education agencies may have additional requirements when issuing a regular high school diploma that are consistent with what is required of all students. Missouri Option students must take the required End-of-Course exams (EOCs) – Algebra I (or Algebra II if Algebra was taken prior to high school), English II, Biology and American Government*.* State law also requires that all graduate candidates take a course in government and the functions of government and pass the required tests related to Civics and the U.S. and Missouri Constitutions. Participants must also complete half-unit courses in Personal Finance and Health and complete 30 minutes of CPR instruction and training in the proper performance of the Heimlich maneuver.



**MO-Option Quick Guide**

**Program Description:**  The program specifically targets students who are 17 to 20 years of age and are at least one year behind their cohort group or, for other significant reasons identified in the local Missouri Option Program plan, are unable to complete their diploma with their cohort group.

**Graduation Diploma** - – A credential that includes the word "diploma" will be awarded.  The LEA issues a "regular" high school diploma (the same as awarded to all students by local boards of education).

**Attendance:**  LEA can continue to count these students in its average daily attendance (ADA) for purposes of state aid while the students are enrolled in the program.

**Requirements MO-Option**:

* Students served by the Missouri Option Program are able to demonstrate the ability to read independently in English at the 11th grade level sufficient to successfully complete instruction and testing
* Missouri Option students are engaged in a minimum of 15 hours of academic instruction per week, which may include computer-assisted instruction.
* Attendance -according to school policy, a student may be dropped from the program if he or misses a total of 10 school days.  Students must be current on hours to take the HiSet test with a minimum of 90% of the required school hours in order to graduate.
* Students must also be enrolled in other school-supervised instructional activities (career education courses, elective classes, work experience, etc.) that lead to the student's classification by the LEA as a full-time student.
* Students must take:
	+ Required End-of-Course exams (EOCs) – Algebra I (or Algebra II if Algebra was taken prior to high school), English II, Biology and American Government.
	+ State law also requires that all graduate candidates take a course in government and the functions of government and pass the required tests related to Civics and the U.S. and Missouri Constitutions.
	+ Complete half-unit courses in Personal Finance and Health
	+ Complete 30 minutes of CPR instruction and training in the proper performance of the Heimlich maneuver.
* In accordance with the McKinney-Vento Act, students and **a parent/guardian will sign a consent form** for participation in the Missouri Option Program.
* **Special Education Students** with disabilities show evidence of a current Individual Education Plan (IEP) or Section 504 Plan, which indicates that participation in the Missouri Option Program is appropriate for the student. The IEP or Section 504 Plan documents any special education services and related aids and services necessary for successful completion of the program, including the testing component.
* Students who are in the program for other significant reasons and successfully pass the HiSET® exam before the end of the school year are engaged in a school-supervised course of study or employment/volunteer work equivalent to full-time student status (30 hours a week) until the end of the school year, or may be released according to district policy.



**Riverview Garden School District**

**Missouri Option Program**

MO Option Application

**Section I: To be completed by RGSD High School Student, Parent/Guardian, and RGSD Staff as applicable:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_ / \_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IEP: € Yes\* € No Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If student has an IEP, a copy of the IEP must be attached/included.*

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

SSD Case Manager Name SSD Case Manager Contact Number

504 € Yes\* € No

*\*If student has a 504, a copy of the 504 must be attached/included.*

**Section II: To be completed by RGHS Counselor and SSD Staff as applicable:**

Please Select All That Student Has Participated In:

* Edgenuity
* Ram’s Recovery
* Partial/Flexible Scheduling
* ACE Summer School
* ACE
* ACE Night School
* Virtual Instruction/Homebound
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional factors/circumstance impacting this student’s ability to graduate that may cite a request for inclusion in Missouri Option Programming, please describe here and include any accompanying documentation that may support the rationale:

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**Section III: To be completed by RGHS Counselor:**

Please Select All Courses That Student Has Completed\*:

* Health
* Personal Finance
* Government
* Passed MO Constitution Test
* Passed US Constitution Test

Please check which EOC’s have been completed:

* Algebra I
* English 2
* Biology
* Government

**Section IV:**

Employment/Volunteerism (Minimum Average of 15 Hours Per Week)\*

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section V: To be completed by RGHS Student and Parent/Guardian:**

*I understand that I must satisfy all criteria included within this application I have carefully reviewed and understand the program application form and want to be considered for enrollment in the Ritenour MO Option program.*

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

Student Signature Date

*I understand that if accepted into this program, my child and I are responsible all transportation to and from school and assessment site, and $7 cost of any repeated sections of the HISET towards successful completion of the HISET examination, which is a necessary component for completion of this program.*

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

Parent/Guardian Signature Date

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

Student Signature Date

**Section VI: To be completed by RGHS Staff:**

I agree with the recommendation for this student to pursue entrance into the RSD MO Option Program.

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

Guidance Counselor Signature Date

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

Building Principal Signature Date

**Section VII: To be completed by RGSD Staff that administered the STAR test:**

STAR Assessment Results:

|  |  |  |  |
| --- | --- | --- | --- |
| **Content Area** | **Baseline Score** | **Student Score** | **Meets Entry Criteria** |
| Reading: | 8.0 |  | Y/N |
| Language Arts: | 8.0 |  | Y/N |
| Mathematics Computation: | 8.0 |  | Y/N |
| Applied Mathematics: | 8.0 |  | Y/N |

**Section VIII: To be completed by Director of Alternative Education:**

* Student is hereby approved for inclusion within Missouri Option Programming.
* Student is not approved for inclusion for Missouri Option Programming.

Rationale:

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

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Director of Alternative Education Signature Date