

# Summer Springboard Registration 2018

July 9th-July 26th, 2018 at Cedar Creek Community School

## Student Information

**Last Name** (PRINT): \_\_\_\_\_ **First Name** (PRINT): \_\_\_\_\_ **DOB**: \_\_\_\_\_

**Primary Address**: \_\_\_\_\_

**Phone**: \_\_\_\_\_ **Student ID #**: \_\_\_\_\_ **2018/19 Grade**: \_\_\_\_\_ **Primary School**: \_\_\_\_\_

## Parent/Guardian Permission

I certify that my student is under 21 years of age and qualifies under MN Statute 124D.68 Graduation Incentives Program

I decline Summer School services for my student

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

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

## AM Transportation

I will be driving my student to at Saints Academy

I will need AM busing for my student at their primary address

I will need AM busing for my student to be picked up at the following childcare address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Student AM and PM location must be consistent every day and must be in the attendance area of ISD 15**

## PM Transportation

I will be driving my student to/from summer school.

I will need PM busing for my student at their primary address

I will need PM busing for my student to be picked up at the following childcare address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Student AM and PM location must be consistent every day and must be in the attendance area of ISD 15**

## Student CLP Goals *(To be filled out by Summer School Staff only)*

I. CURRENT STATUS <i>(Where is the student currently at?)</i>	II. GOALS <i>(Where does the student want to go?)</i>	III. ACTIVITIES <i>(How will the student meet their goals?)</i>
<p style="text-align: center;">(Check those appropriate)</p> <p><input type="checkbox"/> Partially Meeting/Not Meeting Grade Level Standard(s) <input type="checkbox"/> Math <input type="checkbox"/> Reading</p> <p><input type="checkbox"/> Behind in Satisfactorily Completing Coursework</p> <p><input type="checkbox"/> Chronic Attendance Issue</p> <p><input type="checkbox"/> 504 Plan    <input type="checkbox"/> IEP Plan</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center;">(Check those appropriate)</p> <p><input type="checkbox"/> Increase level of Academic Achievement <input type="checkbox"/> Math <input type="checkbox"/> Reading</p> <p><input type="checkbox"/> Follow Accommodations/Modifications per IEP/504 Plan</p> <p><input type="checkbox"/> Other (i.e., social-emotional, study skills, vocational, transitional, parenting, personal)</p> <p style="text-align: center;">_____</p>	<p style="text-align: center;">(Check those appropriate)</p> <p><input type="checkbox"/> Attend Summer School Programming</p>
IV. ASSESSMENTS <i>(How and when will the student know when they have met the goals?)</i>	Learning Objectives	Summary
<p style="text-align: center;">(Check those appropriate)</p> <p><input type="checkbox"/> Complete Course Requirements</p> <p><input type="checkbox"/> Complete other district or individual plan requirements: _____</p>	<p style="text-align: center;">(Check those appropriate)</p> <p><input type="checkbox"/> Complete Required Coursework</p> <p><input type="checkbox"/> Improve Math Score Star360</p> <p><input type="checkbox"/> Improve Reading Score Star360</p> <p><input type="checkbox"/> Improve Math Score - MCA</p> <p><input type="checkbox"/> Improve Reading Score - MCA</p> <p><input type="checkbox"/> Improve Classroom Performance</p>	<p>Summer School Goals Met</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="text-align: center;">If No, specific goal not met:</p> <p><input type="checkbox"/> Increase level of Academic Achievement <input type="checkbox"/> Math <input type="checkbox"/> Reading</p> <p><input type="checkbox"/> Follow Accommodations/Modifications per IEP/504 Plan</p> <p><input type="checkbox"/> Other (i.e., social-emotional, study skills)</p>
<p><b>Summer School Staff Signature</b>: _____ <b>Date</b>: _____</p>		
<p><b>Summer School Start Date</b>: <input type="checkbox"/> June 5th, 2018    <input type="checkbox"/> Other _____</p>		
<p><b>Student Qualifying Code (Staff Must Circle One)</b>: 1   2   3   4   5   6   7   8   9   10   11   12   13</p>		

Student will generate over 1.0 ADM if goals not met (Per MS 124D.128; Subdivision 3; participation in the program is optional.)

Student Credit Template is available upon request.

Date Received By Summer School Office \_\_\_\_\_