SCREENING

Date: Student Phone:	Parent Phone:
	Student age: Current Number of credits:
Current grade (circle one) 9th 10th 11th	
Current School	In what town does student live?
Reason for seeking alternative education: (chec	
Academic deficiency (failing classes OR	not on track to graduate) Circle ONE
Excessive absences	
Behavioral difficulties	
Family issues	
Pregnancy/Parenting	
Court Ordered	
Financial issues	
Physical/Mental health issues	
Substance abuse	
Juvenile Justice involvement	
DHS State custody	
Dropout recovery	
Homeless	
Other reason:	
**NOT including disability status	
Recommendation/Education Plan:	
Signature of student	
Signature of student Date	
Signature of parent Date	

APPLICATION	I FOR BLACKWELL ALTERNATIVE EDUCATION PROGRAM
Student Name:	Application Date:
Please note that "Full-Time" meaworking on all classes:	ans that a student will be enrolled in a total of at least 4 classes and
The application packet is complet Mrs. Paige or Mrs. Paul.	te when the following items are completed and submitted to either
 Copy of Transcript – alt ed Copy of Grad Check – alt e Enrollment Sheet - Counse Student Demographic She Parent/Guardian Question Student Contract – Studen As soon as all requested materials determined. If you have any quest Blackwell Alternative Education	ed director elor et – Student naire – Parent/Guardian t s have been received, the student's eligibility for the program will be tions, please call 580-363-3553 Ext. 3112 Mrs. Paige.
	irolled in school must apply through their school counselor.
Credit recovery	Check the Program(s) That Apply
Virtual only	
Night school (M-Th, 3:30p-	-7:45p)
Career Tech	
Concurrent enrollment	
Internship	
100	
Work-study credit	

BHS Alternative Education Program Student Demographic Information

DOB:	Age:	Original Graduat	tion Date: CLASS OF
Last Grade (level) attend	ded ;	Social Security #:	
			er: M / F / Gender Neutral (circle one)
			Asian Latino Pacific Islander White
Address:		City/State/Zip	:
Student Phone:		Parent Phone:	
			Phone:
Employer:		Work Phone:	
Student email:			
Parent email:			
Parent/Guardian Conta Parent/Guardian Name(s	ct Information:		
Parent/Guardian Name(s	s):		
Parent/Guardian Addre			
Name:			
Street:		City:	Phone:
Person to contact in case	of emergency_		
ast School Attended		(Name & Phone number)	
	ame)	(Street Address)	(City, State, Zip) Phone #
Vhat assistance do you r	eceive from the	government? (Included for	od stamps, AFDA, SS, Disability

BHS ALTERNATIVE EDUCATION PROGRAM

PARENT/GUARDIAN QUESTIONNAIRE (To be completed and signed by Parent/Guardian)

Please respond as completely as possible to the following questions concerning your son or day 1. What do you feel are the main reasons for his/her lack of success within	ghter.
the traditional school environment?	-
2. Why do you feel that he/she will be more successful at the BLACKWELL ALTERNATIVE SCHOOL?	
3. What are his/her greatest strengths?	
4. What are his/her greatest weaknesses?	
5. How would you describe his/her interaction with peers?	
6. How would you describe his/her interaction with authority figures?	
7. What else should we know about him/her?	
8. Is your student on an IEP? Circle: yes / no	_
9. Is your student on a 504? Circle: yes / no	
Please check any of the following forms of assistance that you are willing and able to provide: Notify the Online Teacher when your student is struggling to complete assignments/objectives.	
Maintain consistent contact with faculty.	
Strongly encourage consistent academic progress and encourage student to work every day.	
Support all Blackwell district policies and procedures.	
Parent/Guardian Signature Date	

BHS ALTERNATIVE EDUCATION PROGRAM

(To be completed and signed by student) This contract is between and the Blackwell Alternative High School. By signing this contract, I agree to abide by ALL of the rules and policies of the Blackwell Alternative High School and the Blackwell School District and I understand that failure to do so may result in the loss of MY PRIVILEGE to attend the alternative program. I also understand that I am responsible for knowing the contents of the student handbook and that my involvement in the program will be reassessed on a continuous basis. I understand that a computer-based approach to learning uses interactive online technology and requires active participation in each course. There are frequent one-on-one communications with the teacher and regular assignments. I understand that this modality requires a high degree of self-discipline and motivation; the ability to keep up with ongoing, sometimes very demanding expectations with the constraints of a fixed time and place setting. I understand that the content of online courses is as rigorous as that found in the "regular" school classroom. I understand and agree to abide by the following requirements for Participation in Blackwell Alternative High School online program: Maintain a regular Schedule of completing online and offline assignments: Keep up with readings, course assignments and off lines. Submit assignments in timely manner. Do my own work and understand that I can be permanently dismissed from the Blackwell Alternative High School for violations of plagiarism, cheating and fraud. If caught using cell phone or texting continuously during class, I understand that I will be warned and then logged out on the attendance sheet. If this behavior continues I will be removed from the program. A minimum of 16 hours a week attendance is required to stay in the program. Hourly attendance is at the discretion of the director, some students may have special arrangements. Communicate with Teachers and Students in a professional manner in accordance with the "Internet Acceptable Use" policy. Respect the rights and privacy of others. Follow all Blackwell Alternative School District Rules and Policies while I'm logged on and participating in an online course. Student Signature Date **BHS Principal** Alternative Ed Director BHS Alternative Ed Counselor BHS Alternative Ed Teacher

ATTENDANCE POLICY/CONTRACT: ALTERNATIVE SCHOOL (Updated August 2020)

Attendance time will be recorded. If satisfactory attendance is not maintained, the student will be dropped from the program. An average of 16 hours per week over a period of 4 weeks. Is required. Student will be placed on probation if s/he has less than 48 hours attendance over a semester the student maybe suspended for at least 9 weeks

Class time is 3:30-7:45 PM. You may bring a "sack lunch" or the school will provide supper for the same fee as day students lunches. Supper break will be on campus and is a "working" supper.

> Four days of continuous absence without notifying Alternative Staff and/or bringing a note from a doctor or employer will result in a conference and a "special" attendance contract for the student. If the new agreement is not complied with, the student will be dropped from the program.

> Student will be dropped if continuously absent 10 days in a row regardless of reason for absence. Reinstatement will depend on reason for absence. This is a directive from the State Department of Alternative Education. Four days of continuously absents without any communication with staff will also allocate being dropped from the program.

> If a student is dropped, he/she must reapply, reenroll and possibly go to the end of the "waiting list" before being allowed to reenter the program.

> Illness: students are required to present documentation from a doctor when absent for illness. This applies when a student/parent has a sick child.

Work Absences: if a student is absent and/or consistently late because of work, the student must present a note from the employer documenting shift changes and/or working hours. Students may expect a surprise visit during working hours of Alternative Staff.

- > Only seniors nearing graduation and/or working an evening shift will be allowed to work on computer lessons during the regular school hours. This is to be done only with prior arrangements with a supervising teacher. (Note: If a Senior is working a night shift, a written note stating working hours must be presented from the employer to the Alternative School Staff.
- > Maternity: Students absent from the program for maternity reasons need a note from their doctor stating "beginning and ending dates" for maternity leave. Students will be notified as to maximum maternity leave allowed. After 10 days student status will be "dropped". Status may be reinstated with the doctor's note pending previous attendance record and medical condition. The father of a new baby will be allowed 4 days of maternity leave. He will then need to return to school and attend on school nights.

If a Senior student lacks any work to finish graduation requirements, He/she must "check in" with Alternative Director and/or designated Alternative Staff and work in the lab until work is completed. If student is not attending and checking in regularly (16 hours per week), they may be dropped and will not graduate.

Student Signature	Date
Parents Signature	Date

Teacher Qualification Disclaimer

The teacher(s) in your student's alternative program have been selected by this district because we believe that they are uniquely qualified to work with alternative learners. There is at least one instructor on staff that is certified and highly qualified in each of the **core areas**, Math Science, English, and History. Oklahoma has had a progressive and nationally recognized model in the field of alternative education for more than a decade. This model is closely scrutinized by independent evaluators to determine program effectiveness. Changes in attendance, disciplinary referrals, grades, course completion, direct classroom observations, and standardized testing are some of the factors that the evaluators use to determine the effectiveness of our alternative program. These reports are available for your review.

Oklahoma law permits alternative education teachers to provide instruction in subjects that are not specific to their area of certification. The federal guidelines under the No Child Left Behind Act do not offer this same level of flexibility. The federal government under the No Child Left Behind Act narrowly defines highly qualified teachers as those teachers who are certified in every specific subject area that they teach. Our district believes that there are many qualities that make teachers effective, and that content certification is one of many measures of quality.

In summary, we have employed teacher(s) in our alternative program that we believe are well suited to teach your child. The federal government requires us to inform you that your child(s) teacher may not be highly qualified according to their definition.

By signing this form, I am requesting that my child be given the opportunity to participate in the alternative education program, in spite of the fact that his/her teacher(s) may or may not be certified in every subject.

Student		
Signature Parent/Guardian	Signature	Date
	Signature	Date



College Preparatory/Work Ready Parental Curriculum Choice Letter

Dear Parent or Legal Guardian:

70 O.S. § 11-103.6 requires eighth grade students entering the ninth grade to complete the college preparatory/work ready curriculum outlined in the statute, unless the student's parent or legal guardian approves the student to enroll in the core curriculum. The college preparatory/work ready curriculum and the core curriculum requirements are attached. Successful completion of either curriculum will result in a student receiving a standard diploma.

Choosing the courses a student takes in high school is an important decision for you and your child. A college preparatory curriculum is challenging and may help determine a student's future success in higher education and the world of work.

According to the law, your child will automatically be enrolled in the college preparatory/work ready curriculum, and you do not need to do anything to enroll your child in this curriculum. However, if you choose the core curriculum, you must complete the information below and return it to the school prior to enrollment. Please contact the high school principal or school counselor if you have questions or need additional information.

As the parent or legal guardian, I am selecting the following curriculum for my student:

Core Curriculum

College Preparatory/Work Ready Curriculum

CIRCLE ONE

CTUDENTIC MANE IN	
STUDENT'S NAME (Please Print)	GRADE
NAME OF HIGH SCHOOL	
PARENT/GUARDIAN'S NAME (Please Print)	
PARENT/GUARDIAN'S SIGNATURE	
	DATE