**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 accommodate  this 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