

Otsego Northern Catskills BOCES

An Alternative School for 9th - 12th Graders

Alternative Education Application Process

There is a five page entrance application. The chart below identifies the five parts and who is responsible for filling out each part.

Before admission is granted, all parts of the application must be returned and reviewed by an NCOC Administrator, Guidance Counselor and the Alternative Education staff, the student must visit the program and be interviewed by an NCOC Administrator and the Guidance Counselor, and the student must sign off that he/she understands and agrees to abide by NCOC's behavior expectations.

<u>Application section</u>	<u>To complete:</u>
<i>Home District Review of Student Needs.</i>	Permanent Transcript Report Cards Discipline Record Current Attendance Record IEP
<i>Home District Guidance Counselor.</i>	Signatures of Building Counselor, School Nurse and Superintendent or Principal are required.
<i>Teacher Review of Student Needs.</i>	Three teachers who have recently worked with the student.
<i>Student Report</i>	Student
<i>Parent/Guardian Report</i>	Parent/Guardian
<i>Statement of Expectations</i>	The Student, Parent and NCOC Administrator must sign.

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HOME DISTRICT REVIEW OF STUDENT NEEDS

Please enclose: *Permanent Transcript, Report Cards, Attendance Record, Discipline Record, IEP, Permanent Health Record*

Student Name: _____ Date of Birth: _____

Component School: _____

What will the student's grade level be in September ? _____

Diploma Track: _____ Regents _____ Local _____ CODS:

Parent/Guardian Name(s): _____

Address: _____

State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Explain why you think the Alternative Education program will benefit this student.

Describe prior efforts made to engage in learning.

How has the student responded to counseling in the past?

Please use the space on the back of this form for additional comments.

I have reviewed and support this student's application.

Counselor's Signature: _____

Superintendent/Principal's Signature: _____

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TEACHER REVIEW OF STUDENT NEEDS

The above student has been experiencing difficulties within the current educational program. Alternative Education is an option being considered. Before a decision is made, we need to know more about the student listed above.

Please respond to the following questions or statements. Write your responses to each in the space provided, on the reverse or on a separate sheet of paper and return this cover sheet and your responses to your school counselor. Thank you for your support of this student.

When this student has been successful and engaged in learning, describe the:

- Subject matter
- Type of activity
- Size of group
- Other pertinent circumstances

This student's greatest strengths are (intellectual, social, etc.) . . .

This student is most disrupted by . . .

This student is motivated by . . .

This student appears to be most distracted by . . .

This student's interests and hobbies include . . .

Questions/Concerns I have include . . .

Teacher signature: _____

Date: _____

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STUDENT REPORT

You have been recommended for the NCOC Alternative Education program. Before we can decide whether Alternative Education will be a good place for you, we need to hear what you think about yourself, your education, and your future. Please read the statements below and think about them carefully. Write your response below the statement. If there's not enough room, use extra paper or the back of this form.

My favorite subject in school (may include art, music, gym, or any special topic) . . .

The thing I am best at is . . .

Something I don't think I do very well is . . .

Something that bothers me in school right now is . . .

I learn best when . . .

Something I would like to do someday is . . .

Something (things) that get in the way of my being successful is (are) . . .

Student Signature: _____

Date: _____

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PARENT/GUARDIAN REPORT

Student Name:_____ District:_____

Your child or guardian has been recommended for entry into the Alternative Education program. Before a final decision is made, we would like to know more about your son/daughter. Please read the questions or statements and think about them carefully. Write your responses below the statements. If there is not enough room, please use extra paper or the back of the form.

Is best at . . .

Has difficulty with . . .

Learns best when . . .

At home likes to . . .

Please describe how your son/daughter gets along with others (siblings, peers, adults, etc.)

Interests and hobbies include . . .

Questions/concerns I have include . . .

PARENT/GUARDIAN PERMISSION AND EMERGENCY AUTHORIZATION

I hereby approve of my son/daughter/ward entering the above named program at NCOC. I understand and agree that my son/daughter/ward will not be allowed to drive to NCOC unless prior approval has been granted by me, the NCOC Building Administrator, and my component school Administrator. I grant permission for my son/daughter/ward to participate in field trips (instructional periods) away from NCOC which are within the regular class hours and supervised by ONC BOCES staff. I give my permission to ONC BOCES, its agents, successors, assigns, clients and purchasers of its services and/or products to use my child's photograph (whether still, motion or television), and recordings of voice and name in any legal manner whatsoever. Furthermore, I absolve the above named ONC BOCES/NCOC from any liability for injury incurred in the normal presentation of my child's performance. This application form does not guarantee admission to the program requested. I understand that my component school district is making a financial commitment to enable my child to attend this program. I will support this commitment by encouraging my child to take full advantage of this opportunity by fulfilling course requirements, maintaining good attendance, and following all ONC BOCES/NCOC rules and regulations. In the event that an emergency arises that requires immediate action, I authorize ONC BOCES/NCOC to take my child to the nearest emergency first aid station, or hospital, by ambulance, if necessary. I acknowledge that any medical fees or expenses incurred will be referred to my component school district.

Parent or Guardian Signature:_____

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ALTERNATIVE EDUCATION STATEMENT OF EXPECTATIONS

The Alternative Education program provides a high quality alternative academic program for 9th – 12th graders. Your participation in the Alternative Education program will increase your chances of finding school success, and the connections to the world that will help you build a career direction.

To meet that goal, it is important that students practice the kind of behaviors that will create success. Some of those behaviors are listed below. Please review the list and think about which you will have success with most easily. Think about the ones that are most apt to give you difficulty. Be prepared to share your thoughts during the entrance interview. Sharing your thoughts about which are easy and which are hard with Alternative Education staff will help us know you better.

After you have read and talked about the behaviors you should sign at the bottom. Your signature lets us know that you understand what is expected, and that you will meet the expectations.

Behavior

Tips

Be Successful

- Be in attendance every scheduled school day and participate successfully. Any absences should be followed up by a parent or doctor's note within five days of the absence.
- Complete all classroom assignments in allotted time. You learn by doing. Your work must be complete for your learning to be complete.
- Volunteer when help is needed, ask questions in class, and share your thoughts and opinions for the good of the group.

Be Cooperative

- Remain in assigned areas at all times.
- Use only decent, respectful language at all times.
- Teachers and other staff are here to help you. Cooperate with them. Like you, other students are here to learn. Refrain from doing anything to interfere with your learning or that of others.
- People have to work together. Remember someone else will help you some day.

Be Respectful

- Display respectful behavior towards staff and other students at all times. This includes following directions in all situations from any staff member. Conversations will be appropriate for the classroom.

Be Safe

- Understand that any verbal or physical threat, attempted or actual, with another person may result in your immediate removal from the Otsego Area Occupational Center.

Student Signature: _____

Parent Signature: _____

Administrator Signature: _____

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