

Culver School District 4J

Code: IGBHE-AR(2)
Adopted: 12/12/11

Expanded Options Program Summary (District)

The EOP/advisory support team has determined that the post-secondary course is eligible for EOP credit.

Date: _____

Student: _____ Grade _____

Currently or previously in EOP? Yes No

If yes, name of course _____

And institution _____

Parent/Guardian _____

Full Address _____

Phone (day) _____ Phone (evening) _____

Alternate phone _____ Email: _____

Application Information

Post-Secondary Institution: _____

Eligible? Yes No

Negotiated agreement with institution? Yes No

Post-secondary course: _____

Duplicate course? Yes No

If yes, notification sent to student at address above? Yes No

If yes, student appeal? Yes No

Final decision: _____

Education/Career Planning

Advisory support team members:

(Name)	(Title)
(Name)	(Title)
(Name)	(Title)
(Name)	(Title)
(Name)	(Title)
(Name)	(Title)

Meeting scheduled with student or parent or both? Yes No

If yes, date of schedule meeting is: _____

Follow-up meeting required? Yes No

If yes, date of those meetings: _____

If no, date(s) when called or will call to schedule meeting: _____

Joint advisory support team and student goals (short and long-term academic and career goals): _____

Action items: _____
