

APEX LEARNING REFERRAL- Please Fill out completely!

Student Name _____ **Grade** _____

(circle one) **CREDIT RECOVERY** **CREDIT ACQUISITION** **QTR RECOVERY**

COURSE TO BE COMPLETED _____ (new sheet for each course)

*Course Completion Date _____ *Desired graduation date _____

*Reports are not accurate unless this is entered.

Student and parent contact info (email/cell phone)

REQUIRED APPROVAL

Guidance counselor- NAME _____ **Sign and Date** _____

Principal NAME _____ **Sign and Date** _____

Content Teacher NAME _____ **Sign and Date** _____

Student Course Completion Plan

- GUIDANCE-** Please identify 1 day the student can commit to coming to the lab. ALL STUDENTS MUST BE ENROLLED in a day lab or attend after school. Students MUST be enrolled and meet content area teacher 9th period A day.

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Partial Credit Recovery- (used to determine if the whole class needs to be re-done)

GRADES- Q1 _____ Q2 _____ Q3 _____ Q4 _____ FINAL EXAM _____ FINAL GRADE _____

THE FOLLOWING SECTION IS ONLY FOR QTR Recovery through CURRENT TEACHER

of Hours to be made up _____

Student will complete (check one) APEX Tutorial _____ APEX reg. course _____ Teacher work _____

Please leave info below regarding what work students are to complete if using your own work (Traditionally this is the easiest and simplest option). Work can be left in Justin MacDougall's mailbox or room S113

(Signatures not required) We, (student parent/guardian/teacher) agree to the requirements as outlined above. In the advent the student meets these requirements the students grade shall be raised to a 65.

Student Name: _____ Signature: _____ Date: _____

Teacher Name: _____ Signature: _____ Date: _____