



TO BE COMPLETED BY TEACHER AND STUDENT
OPTIONAL EDUCATION PROGRAMS/Stay-in/INDIVIDUAL OPTIONAL EDUCATION PLAN (IOEP) 2020-2021

Student Name: _____ Home District: _____ SID # _____
Date of Entry: _____ Program: _____

Basis for Referral/Student select one or more: I have been referred to this program because of difficulty with:

- | | |
|---|---|
| <input type="checkbox"/> 1. Low attendance | <input type="checkbox"/> 7. Social circumstances |
| <input type="checkbox"/> 2. Low academic achievement | <input type="checkbox"/> a. Peer interaction |
| <input type="checkbox"/> 3. Below grade level/need credits for graduation | <input type="checkbox"/> b. School administration interaction |
| <input type="checkbox"/> 4. Economic circumstances | <input type="checkbox"/> c. Teacher interaction |
| <input type="checkbox"/> 5. Medical/Health _____ | <input type="checkbox"/> d. Following school rules |
| <input type="checkbox"/> 6. Involvement with court services | <input type="checkbox"/> 8. Other: _____ |

Educational Goals: This student's educational goal(s) is/are: Select one or more.

- | | |
|---|--|
| <input type="checkbox"/> 1. Improve attendance | <input type="checkbox"/> 5. Complete assigned seatwork |
| <input type="checkbox"/> 2. Increase academic achievement | <input type="checkbox"/> 6. Set and achieve behavioral goals |
| <input type="checkbox"/> 3. Develop vocational/career goals | <input type="checkbox"/> 7. Be promoted to next grade level |
| <input type="checkbox"/> 4. Earn a high school diploma | <input type="checkbox"/> 8. Other _____ |

Plan of Action: This student will be assigned to the academic courses required to meet his/her educational goals. The student will attend school Monday through Friday. In addition the student will: Select one or more.

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|---|--|
| <input type="checkbox"/> 1. Cooperate with program and school staff | <input type="checkbox"/> 4. Attend and participate in all classes |
| <input type="checkbox"/> 2. Complete assigned seatwork | <input type="checkbox"/> 5. Follow policies and procedures |
| <input type="checkbox"/> 3. Pass all academic courses | <input type="checkbox"/> 6. Attend individual and group counseling session as needed |

Assessment Procedures: Student is achieving his or her learning objectives or individual outcomes through: Select one or more.

- | | |
|---|---|
| <input type="checkbox"/> 1. Improved student attendance | <input type="checkbox"/> 4. Passing end of unit tests |
| <input type="checkbox"/> 2. Grade level advancement and/or credits earned | <input type="checkbox"/> 5. Participate in standardized testing as assigned |
| <input type="checkbox"/> 3. Communication with school counselor | <input type="checkbox"/> 6. Other _____ |

Academic Objectives: Measurable goal(s) that student will meet which are related to academics.

Behavioral/attendance and/or Other Objectives: Measureable goal(s) that student will meet which are related to behavior or other.

Timeline: Specific plan for achieving objectives and outcomes (*to be determined by objectives, actions, and procedures above*):

Other Information: Include information about outside agency involvement and/or law enforcement involvement and any other helpful information.

By signing this Individualized Optional Education Plan, I/we agree to participate and accept the objectives prescribed above. I further understand that I have the right to refuse this plan and to have student remain in home district and participate in the home district program.

Student Signature/Date: _____ Parent Signature/Date: _____

Teacher Signature/Date : _____