

# Alsea School District 7J

Code: **IGBHE-AR(2)**  
Revised/Reviewed: 7/12/10; 2/10/16

## Expanded Options Program Summary (District)

The Expanded Options Program (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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Eve): \_\_\_\_\_

Alternative 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: \_\_\_\_\_

**Educational/Career Planning**

Advisory support team members:

|        |         |
|--------|---------|
| _____  | _____   |
| (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, dates 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 career and academic): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_