

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: _____

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: _____
