## Molalla River School District

Code: **IGBHE-AR(2)**Adopted: 1/31/07
Readopted: 05/08/08
Orig. Code(s): IGBHE-AR(2)

## **Expanded Options Program Summary (District)**

The EOP/advisory support team	has determined the	hat the post-so	econdary cours	e if eligible for E	OP credit.
Date:	Student:				
Grade:					
Currently or previously in EOP?	Yes □	l No			
If yes, name of course					
and institution					
Parent/Guardian:					
Address:					
Phone (Day):		Phone (I	Eve):		
Alternative Phone:		Email: _			
Application Information					
Post-Secondary Institution:					
Eligible? □ Yes □ No					
Negotiated agreement with insti	tution?	□ Yes	□ No		
Post-Secondary course:					
Duplicate course? ☐ Yes	□ No				
If yes, notification sent to studer	nt at address above	e? □ Yes	□ No		
If yes, student appeal? □ Yes	□ No				
Final decision:					

## **Educational/Career Planning**

Advisory support team members:	
(Name)	(Title)
Meeting scheduled with student or pare	ent 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 studen	t goals (short- and long-term career and academic):
Action items:	