



## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_