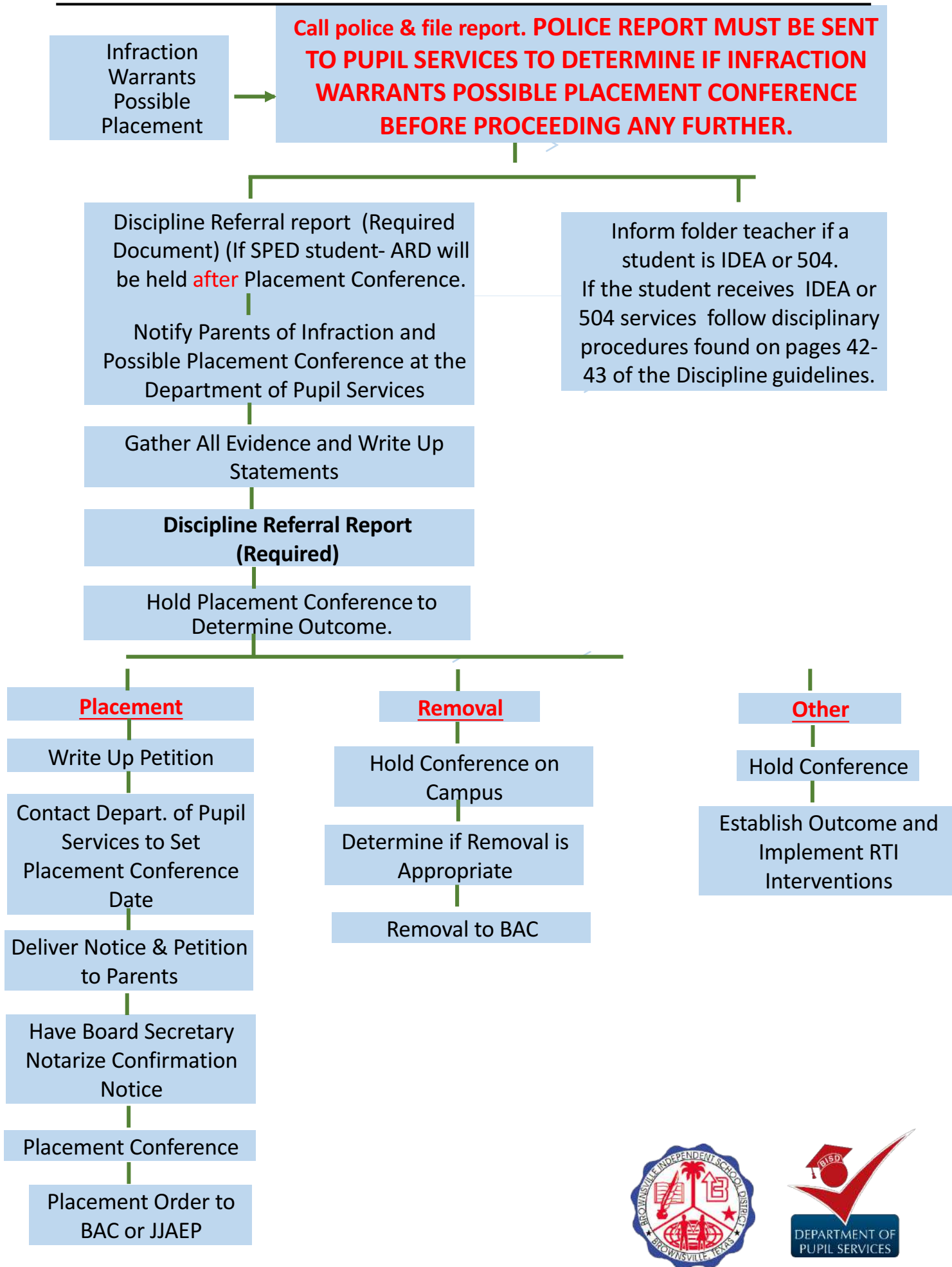


**JJAEP
INFORMATION
&
SAMPLE JJAEP
PACKET**

FLOWCART FOR POSSIBLE PLACEMENT TO JJAEP





The Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., #121 Brownsville Texas 78520
956-544-3699



Placement to JJAEP Sample Packet

Once the campus has determined that placement to JJAEP is in the best interest for the student and has contacted Pupil Services to initiate proceedings, the blank fillable documents can be found in the Pupil Services website.

The resources are located via Campus Resources -> Discipline Information & Forms -> JJAEP Recommendation Packet Conference Forms or by visiting the link below directly.

<https://www.bisd.us/departments/business-and-operations/pupil-services/campus-resources/discipline-information-forms>

For new or as a refresher this PowerPoint is an example of a Packet for a fictional student that can be used as a guide. There is also a video training on the Pupil Services website for those that may have missed the web training.

The Placement Packet is available in English and Spanish depending on the language the parent prefers. Once completed the packets **MUST** turned in two days in advance to V. Avila for review. They can be turned in in-person or via email.

For questions please contact Pupil Services, 956-544-3966.

DEPARTMENT OF PUPIL SERVICES



Packet Checklist for: ☐ 90-day Placement (pre-approval required)

☒ 180-day Placement

Name: Augustus May Who	DOB: 12/24/2004	Grade: 11th
Campus: Whoville ECHS	BISD STUDENT ID# & TX. PEIMS ID: 1234567	
Infraction: Possession of a controlled substance - vape pen with THC- penalty group 2-state jail felony		

All placement packets require a cover page, divided by tabs, and titled accordingly with the following documents.

TAB 1: Due Process		
1.	<input checked="" type="checkbox"/>	Form requesting an extension (if the conference exceeds 7 days)
2.	<input checked="" type="checkbox"/>	Notice of Conference
3.	<input checked="" type="checkbox"/>	Notice of Representation
4.	<input checked="" type="checkbox"/>	Conference Procedures
5.	<input checked="" type="checkbox"/>	Confirmation of Notice (Notarized)
6.	<input checked="" type="checkbox"/>	Petition for Placement Form
7.	<input checked="" type="checkbox"/>	Verification of Non-Protection under IDEA/504
8.	<input checked="" type="checkbox"/>	Consideration Form
TAB 2: Violation of SCC		
1.	<input checked="" type="checkbox"/>	Student code of conduct receipt form (must be current school year)
2.	<input checked="" type="checkbox"/>	Discipline Referral
3.	<input checked="" type="checkbox"/>	Administrator's Statement
4.	<input checked="" type="checkbox"/>	Witness(es) statement(s)
5.	<input checked="" type="checkbox"/>	Police report (Required)
6.	<input type="checkbox"/>	Nurse's report
TAB 3: JJAEP Program Document Request (Include Tab 3 documents in all packets)		
1.	<input checked="" type="checkbox"/>	Absence Report
2.	<input checked="" type="checkbox"/>	Withdrawal Grades
3.	<input checked="" type="checkbox"/>	Transcript
4.	<input checked="" type="checkbox"/>	Course Credit Checklist(include completed credits and pending)
5.	<input checked="" type="checkbox"/>	State Test Scores
6.	<input checked="" type="checkbox"/>	Immunization Record
7.	<input checked="" type="checkbox"/>	Discipline Records
8.	<input checked="" type="checkbox"/>	Special Programs Identification (If yes provide documents below accordingly)
Current Documentation for Special Programs Student Services (If applicable)		
<input type="checkbox"/> SPED	ARD Minutes, Schedule of Services, IEP and Modifications sheet	
<input type="checkbox"/> BILINGUAL/ESL	Home Language Survey, Language Test date/score, LPAC review form, RPTE Scores, Observation Protocol Indicators, Parent Permission/Waiver	
<input checked="" type="checkbox"/> 504 DYSLEXIA/MEDICAL	504 Review Sheet and Modification sheet	
<input type="checkbox"/> GT	Identification Entry data	
<input type="checkbox"/> AT-RISK	Criteria Indicator Testing (I-13T)	

Department of Pupil Services
Prior Approval for Placement Conferences
Tabs 1-3

Date Received: _____ Complete ☐

Pupil Services Department (Signature)

- Cover Sheet optional

Student Name: Augustus May Who

Student ID#: 1234567

Grade: 11th

Address: 123 Candy Cane Lane

Parents: Mr. & Mrs. May Who

Date of Birth: 12/24/1224

Violation:

Date/Time of Conference:

TAB 1: DUE PROCESS

1. Extension Letter
2. Notice of Conference
3. Notice of Representation by an Adult at the Conference
4. Conference Procedures
5. Confirmation of Notice (**Notarized**)
6. Petition for Placement Form
7. Verification of Non-Protection Under IDEA/504
8. Consideration Form



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Notice of Conference for Placement

Student: Augustus May Who

Parent(s) or Guardian(s): Mr & Mrs May Who

Address: 123 Candy Cane Lane

City/Zip Code: Whoville, Mt. Crumpet 98765

NOTICE is hereby given that the designee of the Superintendent of the Brownsville Independent School District will hold and conduct a Placement at the Department of Pupil Services located at 708 Palm Blvd, Brownsville, Texas, on 10/31/2021 beginning at 9:30 am for the purpose of a conference, considering and acting upon the following petition:

Placement from the regular school setting for a total of 180 school days due to the following offense:
(Specify Infraction)

Possession of a controlled substance - vape pen THC - penalty group 2 - state jail felony. OR WHAT IS LISTED ON THE POLICE REPORT.

NOTICE: The District may hold the conference regardless of whether the student, student's parent or guardian, or another adult representing the student attends, provided that the school has made a good-faith effort to inform the student and student's parent or guardian of the time and place of the conference.
37.09(f)

Parent Signature

Notice of Conference Received by

10/29/2021

Date

Parent/guardian signature



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Notice of Representation by an Adult at the Conference

You have the right to be assisted at a Disciplinary Alternative Education Program removal conference by another adult, other than the parent/guardian, who can provide guidance to the student and who is not an employee of the school district (i.e., relative, friend, lawyer, etc.).

Parents, Guardian or Persons Responsible for Augustus May Who
NAME OF STUDENT

I have received, read and carefully reviewed the statement and understand its relevance.

Parent Signature

10/29/2021

Parent/Guardian Signature

Date

A copy of this notice was given to the parent/guardian/persons responsible on 10/29/2021

Date

Campus Behavior Coordinator or ADMIN

10/29/2021

Signature of Campus Behavior Coordinator
or appropriate administrator

Date



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Procedures for Short and/or Long Term Placements

The Petitioner (administration) will make a short opening statement, and may present the facts by oral testimony or written evidence, including affidavits, if desired, or by both.

When the Petitioner has closed, the Respondents (Student and/or parent/guardian) will be allowed to make a short opening statement and may present the facts by oral testimony, written evidence, including affidavits if desired, or by both.

When the Respondents have closed, the Petitioner will be allowed to present a short rebuttal.

Written statements for the petitioner and/or respondent may be presented during this time.

Any Respondent who desires to be heard, but who cannot be present on the date set, may for good cause shown to the satisfaction of the District Conference Officer or his/her designee, have the Conference postponed to a day of mutual convenience: but only one such postponement shall be allowed.

Any Respondent who does not appear or request a postponement will be deemed to have defaulted, but as to any such Respondent, the Petitioner will be required to make out a prima facie case.

If the conference is not completed after a reasonable time, the District Conference Officer may adjourn to a certain day and continue the conference as to the uncompleted part.

At the close of the conference, the District Conference Officer may then make his/her decision or may take the matter under advisement and adjourn the meeting to a certain day at which a decision will be made.

A true copy of the decision will be given to the parent(s)/guardian in person but where both parents are named, service on one shall be deemed notice to the other also, and the person making the service shall attach his affidavit, stating the facts of service to the original.

Parent Signature

Parent/Guardian Signature

10/29/2021

Date



Confirmation of Notice

THE STATE OF TEXAS

COUNTY OF CAMERON

BEFORE me, the undersigned Notary Public in and for the County of Cameron, on this day personally appeared ADMINISTRATOR who having been by me first duly sworn upon his/her oath says:

A true copy of the following documents were delivered:

- Notice of Conference
- Notice of Representation by an Adult at the Conference
- Conference Procedures for Short or Long Term Placement

Student: Augustus May Who

Parent/Guardian: Mr. & Mrs. May Who

Address: 123 Candy Cane Lane

City/Zip Code: Whoville, Mt. Crumpet 98765

In person, on 10/29/2021
Date

Signature of Campus Behavior Coordinator or Admin

Signature of Campus Behavior Coordinator
or appropriate administrator

SUBSCRIBED and sworn to before me, by the said campus behavior coordinator or ADMIN on this 29 day
of 2021 to certify which, witness my hand and seal of office.

NOTARY SEAL

A Notary Public in and for
Cameron County, Texas

This page must be notarized prior
to packet being turned in to Pupil
Services. Notary for BISD JJAEP
Packets is at Main Office – with the
Superintendent's office.



Petition for Placement

Petitioner

Now comes, ADMINISTRATOR from Whoville ECHS . Hereinafter sometimes called
Petitioner, complaining of the following named student Augustus May Who . Hereinafter sometimes called
Respondent. The legal guardian representing such student is Mr. & Mrs. May Who , and with reference to such student,
would respectfully show the Board's Designee the following:

I

Petitioner is TITLE OF ADMIN of Whoville ECHS and the named Respondent is a
student duly enrolled in such school for the current scholastic year.

II

During the current scholastic year the Respondent, Augustus May Who has been involved in the
following incident:

	Offense	Date	Discipline Technique(s)
1.	Possession of a Controlled Substance	10/15/2021	OSS, ISS, etc.
2.			
3.			

III

Petitioner has reason to believe and does believe that the Respondent did behave in the manner enumerated in section
II of this document.

IV

Petitioner would further show the Superintendent's Designee that the statutes and policies provide for the
Placement of an offending student, from Whoville ECHS to Juvenile Justice Alternative Education
from November 2, 2021 to July 12, 2021 for a total of 180 school days during the school year.
Petitioner would show that besides himself, there were other witnesses to all or parts of the above described events,
among them being: Martha May Who

or N/A if no witnesses

Witnesses':

Petitioner affirms that the Respondent will be notified to appear for a conference at a time and place stated; that the
guardian for the Respondent was likewise notified; that upon conference hereof, the Superintendent's Designee finds the
Respondent guilty of the behavior enumerated in section II of this document. Respondent's guardian shall have the
right to present witnesses and documentary evidence at the conference to rebut the charges and a right to be assisted at
the conference by another adult who is not an employee of the district.

Signature of Campus Behavior Coordinator or Admin

Signature of Campus Behavior Coordinator

Printed name

Printed Name

10/29/2021

Date



Verification of Non-Protection under IDEA or Section 504

Campus: Whoville ECHS

Date: 10/29/2021

After reviewing school and district records, this is to verify that
is currently not:

(Campus Behavior Coordinator/appropriate administrator verifies by checking areas that do not apply to this student)

☒ Eligible for I.D.E.A. services

☐ Eligible for 504 services

☒ Receiving services as outlined in I.D.E.A.

☐ Receiving services as outlined in Section 504

☒ Referred for evaluation (I.D.E.A.)

☐ Referred for Evaluation (Section 504)

If a student is eligible for I.D.E.A. or Section 504, conduct a Manifestation Determination. A student that is not receiving any I.D.E.A. and/or 504 services is not protected under I.D.E.A. and/or Section 504.

Signature of Campus Behavior Coordinator or Admin

Signature of Campus Behavior Coordinator
or appropriate administrator

Printed name of Campus Behavior Coordinator or Admin

Print Name

Campus Behavior Coordinator / AP

Title

10/29/2021

Date



Consideration Form

☐ Out of School Suspension

☒ Placement

Student: Augustus May Who

I.D. Number: 1234567

Campus: Whoville ECHS

Grade: 11t6h

Offense: Possession of a Controlled Substance

Date of Offense: 10/15/2021

In deciding whether to order suspension, placement in a Disciplinary Alternative Education Program, or Placement the District **will** take into consideration the following factors:

1. Self-Defense (Personal) :

N/A

2. Intent or lack of intent at the time the student engaged in the conduct:

Student had vape pen in hand - intent to use

3. Student's Disciplinary History:

None prior

4. Does the student have a disability that substantially impairs his/her capacity to appreciate the wrongfulness of his/her conduct :

None

5. A student's status in the conservatorship of the Department of Family and Protective Services (foster care, or

N/A

6. A student's status as homeless

N/A

A thorough investigation was conducted and it indicates that Augustus May Who

was involved in Possession of a Controlled Substance

The factors above did not interfere with the conduct.

-or-

A thorough investigation was conducted and it indicates that

was involved in

However, he/she

Signature of Campus Behavior Coordinator or Admin

10/29/2021

Signature of Campus Behavior Coordinator
or appropriate administrator

Date

TAB 2: Violation of SCoC

1. Current Year Student Code of Conduct — ideally signed by both Parent and Student
2. Discipline Referral (must be signed by student)
3. Administrator's Statement (Time, Place, Facts)
4. Witness(es) Statement(s), if applicable
5. Police Report (Required)
6. Nurse's Report, if applicable

**2021-2022 BROWNSVILLE ISD
STUDENT CODE OF CONDUCT and STUDENT PARENT HANDBOOK
RECEIPT OF HARDCOPY**

<i>Augustus May Who</i>	<i>Whoville ECHS</i>	<i>11</i>
Print Name of Student	School	Grade
<i>1234567</i>	<i>teacher May Who</i>	
Student's ID #	Homeroom Teacher	

Dear Student and Parent/Guardian,

As required by state law, the Board of Trustees has officially adopted the Student Code of Conduct Handbook in order to promote a safe and orderly learning environment for every student. We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher, campus behavior coordinator or appropriate campus administrator. The student and parent must sign this page in the space provided below, and then return the page to the student's school.

Thank you,

Dr. René Gutiérrez, Superintendent of Schools

We acknowledge that we have received a paper copy of the Brownsville ISD Student Code of Conduct and Student Parent Handbook for the 2021 - 2022 school year. We understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in this document. It remains in effect during summer school and at all school-related events and activities outside of the school year until an updated version adopted by the Board becomes effective for the next school year.

<i>Mrs May Who</i>	<i>10/1/21</i>	<i>August May Who</i>	<i>10/1/21</i>
Signature of Parent/Guardian	Date	Signature of Student (Grades 6th-12th)	Date

Note: The student must return this form to the homeroom teacher. Failure to sign and return this receipt does not take away the responsibility to abide by the contents of the 2021 - 2022 Student Code of Conduct and Student Parent Handbook.

BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.

The Administrator
would describe
the incident in
detail and sign the
document, which
would go here.



BROWNSVILLE INDEPENDENT SCHOOL DISTRICT STUDENT DISCIPLINE REFERRAL

Date: 10/29
Time: 10:30
Referred to: Administrator

Whoville ECHS

Campus

Loc. #

Name: August May Who	Student I.D. Number: 1234567	Grade Level 11	Referred By: Teacher May Who
Home Address: 123 Candy Cane Lane	Home Telephone Number(s):	Emergency Telephone Number(s):	
Father's Name & Work Number:	Mother's Name & Mr & Mrs May Who Work Number:		

TEACHER'S CHECK-LIST (Check all that apply):

- | | | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Verbal correction (date: _____) | <input type="checkbox"/> Issued teacher's detention (date: _____) | <input type="checkbox"/> Consulted with administrator: (date: _____) |
| <input checked="" type="checkbox"/> Called parent (date: <u>10/15/21</u>) | <input type="checkbox"/> Classroom plan initiated (date: _____) | <input type="checkbox"/> Other: (date: _____) |
| <input checked="" type="checkbox"/> Sent parent a letter of concern (date: <u>10/15/21</u>) | <input type="checkbox"/> Changed seating arrangement (date: _____) | |
| <input checked="" type="checkbox"/> Parent Conference (date: <u>10/15/21</u>) | <input type="checkbox"/> Referred to Counselor (date: _____) | |

REASON FOR REFERRAL: _____

NOTE: Subject to change if charge is up graded or down graded.

STUDENT'S VERSION OF INCIDENT/REFERRAL: _____

This section must be completed by the student and signed by the student!

I was trying to frame the grinch! so I was smoking the rope!

Have you been informed of the allegations/charges against you? Yes ☒ No ☐

Have you been given the opportunity to tell your version? Yes ☒ No ☐

Student's Signature: Augustus Who Date: 10/15/21

ADMINISTRATOR'S CHECK-LIST:

(Discipline record required upon student removal for one or more days)

- | | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Signed SCC (date: _____) | <input type="checkbox"/> Referred to Counselor (date: _____) | <input type="checkbox"/> BAC removal |
| <input type="checkbox"/> Student conference (date: _____) | <input type="checkbox"/> Issued detention (date: _____) | <input type="checkbox"/> TAP _____ PTP _____ |
| <input checked="" type="checkbox"/> Notified parent (date: _____) | <input type="checkbox"/> ISS (days: _____/dates: _____) | <input type="checkbox"/> Recommend student expulsion (hearing date: _____) |
| <input checked="" type="checkbox"/> Parent conference (date: _____) | <input type="checkbox"/> OSS (days: _____/dates: _____) | <input type="checkbox"/> Other (date: _____) |
| | <input type="checkbox"/> Restricted school activities (dates: _____) | |

NOTES: _____

Called Parent : spoke to them at conference

Administrator's Signature: Admin May Who Date: 10/29/21

BISD does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provisions of service, programs or activities.
BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, o incapacidad en el empleo o en la provisión de servicios o actividades

These forms can be obtained through media services, as well.

**POLICE
REPORT
MUST BE
INCLUDED &
GOES HERE**

Nurse's
Report if
applicable,
will go here!

TAB 3: JJAEP Program Document Request

1. Absence Report — print out of student attendance report
2. Withdrawal Grades — print out of progress report summary
3. Transcript
4. Course Credit Checklist (Include completed credits and pending)
5. Achievement Test Scores
6. Immunization Record
7. Discipline Records
8. Special Programs Identification (If yes provide documents accordingly)

Student Attendance Report

Student ID: 1234567
 Name: Augustus who
 ing:

Date	Period	Code	Arrive Time	Dismiss Time	Comment
8/17/2021	1	1 - First Day Of School - Present			
	2	1 - First Day Of School - Present			
	3	1 - First Day Of School - Present			
	5	1 - First Day Of School - Present			
	6	1 - First Day Of School - Present			
	7	1 - First Day Of School - Present			
	8	1 - First Day Of School - Present			
	9	1 - First Day Of School - Present			
8/18/2021	1	PRE - Present			
	2	PRE - Present			
	3	PRE - Present			
	5	PRE - Present			
	6	PRE - Present			
	7	PRE - Present			
	8	PRE - Present			
	9	PRE - Present			
8/19/2021	1	PRE - Present			
	2	PRE - Present			
	3	ABS - Absent			Substitute
	5	PRE - Present			
	6	ABS - Absent			
	7	PRE - Present			
	8	PRE - Present			
	9	PRE - Present			Substitute
8/20/2021	1	PRE - Present			
	3	PRE - Present			
	5	PRE - Present			
	6	PRE - Present			
	7	PRE - Present			
	8	PRE - Present			
	9	PRE - Present			
8/23/2021	1	PRE - Present			
	2	PRE - Present			
	3	PRE - Present			
	5	PRE - Present			
	6	PRE - Present			
	7	PRE - Present			
	8	PRE - Present			
	9	PRE - Present			
8/24/2021	1	PRE - Present			
	2	PRE - Present			
	3	PRE - Present			
	5	PRE - Present			
	6	PRE - Present			Substitute

Augustus Wro

Grade 11

Status

Active

Building Whoville

Counselor

Progress Report Summary

Progress Report Dates

☒ Existing Progress Report Dates

9/3/2021

☐ New Individual Progress Report

Courses for Building

Progress Report Date: 9/3/2021

Individual Progress Report: No

Description	Course-Section	IPRGR	ABSIP
▶ Astronomy A	000651-4		5
▶ B Basketball 4a	973851-1		3
▶ CORRSRVS A	0T1371-4		3
▶ ENG 4A	040801-13		7
▶ HB5 COL PREP ELA A	040841-1		4
▶ LAW ENFORCEMENT 1A	0T1331-4		5
▶ Spanish 2a	271981-2		8
▶ US GOVT	103413-6		6

9/8/2021

Student: Augustus Lho

Student Transcript

Page 1 of 3

Birth Date: 12-24-1254

Student ID: 1234567

Parent Guardian: Mr Mrs May Lho

Graduation Program Type:

Foundation High School Program TAC Ch. 74.1021 (Students entered grade 9 after 2015 or entered grade 9 prior to 2015 and opted to graduate under Foundation HS Prog)

Phone:

Grade: 11

Gender: M

State ID:

Ethnicity: Latvian

Race: White

Graduation Date:

TX Grant Eligibility:

Certificate of Completion Date:

Student Unique ID:

SCHOOL YEAR 2019-2020 COVID-19 UPDATE for GRADE LEVELS 09-11 ONLY:

(a) Semester 2 Only Reflects 4th Six Weeks for GPA Ranking

(b) COV19 is Average of 4th & 5th SW Used for Credit Purposes

Year:

Building:

Gr:

Dept	Course	SEM1	SEM2	COV19	SEM3	Credit
------	--------	------	------	-------	------	--------

Tot Crt:

State:

Local:

Year:

Building:

Gr:

Dept	Course	SEM1	SEM2	SEM3	Credit
LA	03220100	ENG 1			
SS	03320100	W GEO			
MA	03100700	GEOM			
LA	03221200	CREAT WR			
OL	03440100	SPAN 1			
CT	13039550	AUTOBASC			
SC	03020000	ENVIIRSYS			
PE	PES00000	SUBATH1			

Tot Crt:

State:

Local:

Year: 2019-20

Gr:

Building:

Dept	Course	SEM1	SEM2	COV19	SEM3	Credit
MA	03100600	ALG 2				
LA	03220200	ENG 2				
LA	03221300	PRACT WR				
SS	03340400	W HIST				
FA	03500100	ART 1				
PE	PES00001	SUBATH2				
SC	03010200	BIO				
CT	13029200	PRINLPcs				

Tot Crt:

State:

Local:

Dept	Course	SEM1	SEM2	COV19	SEM3	Credit
SC	03040000	CHEM				
MA	03101100	PRE CALC				
LA	03220300	ENG 3				
SS	03340100	US HIST				
OL	03440200	SPAN 2				
HL	03810100	HLTH ED				
CT	13009900	PROFCOMM				
CT	13029700	CORRSRVS				
PE	PES00002	SUBATH3				
MA	03101100	PRE CALC				
MA	03101100	PRE CALC				
SS	03340100	US HIST				
MA	03101100	PRE CALC				

Tot Crt:

State:

Local:

Name: Augustus May

ID# 1234567

DOB 12-24-1224

CPR Training

PEACE

ENGLISH 4 Credits	Sem 1	Sem 2	CR
English 1			
English 2			
English 3			
English 4			

MATH 4 Credits	Sem 1	Sem 2	CR
Algebra I			
Geometry			
Math Models			
Algebra II (Req. for DLA)			
Pre-Calculus			
Calculus			

SCIENCE 4 Credits	Sem 1	Sem 2	CR
Biology			
Chemistry			
Physics			
Environmental Systems			
A&P (Biomed/Exercise)			
Forensics (Law/Legal Studies/Emer)			
HISTORY 3 Credits (Multi-discip. req. wld Geo)			
*World Geography (elective)			
World History			
US History			
Gov't/Economics			

LOTE 2 Credits	Sem 1	Sem 2	CR
Spanish I/German 1			
Spanish II/German 2			
Span III			
AP Span Language			
AP Span Literature			

PE, Fine Arts,	Sem 1	Sem 2	CR
PE			
Fine Arts			
Electives			
Health			
Speech			
DATE			

ARCHITECTURAL DESIGN	SEM 1	SEM 2	CR
Principles of Architecture			
Architectural Design 1			
Architectural Design 2			
Prac in Architectural Design			
CARPENTRY			
Principles of Construction			
Construction Technology 1			
Construction Technology 2			
Prac in Construction Tech			

ELECTRICAL	SEM 1	SEM 2	CR
Business Info. Management			
Business Management			
Electrical 1 & Electrical Tech			
Prac Construction Technology			

BUSINESS MANAGEMENT	SEM 1	SEM 2	CR
Business Info. Management			
Business Law			
Business Management			
Prac in Business Management			

TEACHING & TRAINING	SEM 1	SEM 2	CR
Prin. of Education & Training			
Human Growth & Develop			
Instructional Practices			
Prac in Ed & Train - Aide Cert			
Prac in Ed & Train - Extended			

BIOMEDICAL SCIENCE (PLTW)	SEM 1	SEM 2	CR
Principles of Biomedical Science			
Human Body Systems			
Medical Interventions			
Bio Imn/Prac Hlth/Prac Bus/A&P			
Prac in Bus, Mark & Finance			
Anatomy & Physiology (4th Sci)			

HEALTHCARE DIAGNOSTICS	SEM 1	SEM 2	CR
Prin. of Health Science			
Medical Terminology			
Health Sci. Theory			
Prac. in Health Sci			
Prac in Bus, Mark & Finance			
Anatomy & Physiology (4th Sci)			

Multi-Disciplinary (FN-must take W, Geo & Eng. IV)	SEM 1	SEM 2	CR
9TH			
10TH			
11TH			
12TH			

MS-FN	W, Geo	4 by 4	Eng 4
MS-AP			
MS-CTE			

CULINARY ARTS	SEM 1	SEM 2	CR
Prin of Hospitality & Tourism			
Introduction to Culinary Arts			
Advanced Culinary Arts			
Practicum in Culinary Arts			
COSMETOLOGY			
Business Info. Management			
Business Management			
Cosmetology 1			
Cosmetology 2			

WEB DEVELOPMENT	SEM 1	SEM 2	CR
Principles of Info. Technology			
Digital Media			
Tech Ap Web Design			
Prac in Information Technology			

LAW ENFORCEMENT	SEM 1	SEM 2	CR
Prin of Law, PS, Correct & Sec			
Law Enforcement			
Correctional Services			
Practicum in Law 2****			

LEGAL STUDIES	SEM 1	SEM 2	CR
Prin of Law, PS, Correct & Sec			
Business Law			
Court Systems & Practices			
Prac in Law, PS, Correct & Sec			

EMERGENCY SERVICES	SEM 1	SEM 2	CR
Principles of Health Science			
Medical Terminology			
Firefighter 1 & Disaster Response			
Firefighter 2			

Arts and Humanities	SEM 1	SEM 2	CR
Theatre Arts, Visual Arts, Dance, Band			
Estudiantina, Choir, LOTE, SS			

9th	10th	11th	12th
AH-TH			
AH-VA			
AH-DA			
AH-MI			
AH-MC			
AH-LA			
AH-SS			

26 credits needed for endorsement, No substitutions.	SEM 1	SEM 2	CR
DLA Required for top 10% automatic admission in state universities			
ALGEBRA 2 Required			
Pass all 5 EOC'S or IGC (pass 3 exams and IGC grants 2)			
No Acknowledgement Cords given to students who use IPC or Math Models			

Performance Acknowledgements	SEM 1	SEM 2	CR
Dual Credit 12hrs (3.0 gpa)			
AP Scores 3,4,5			
PSAT commended scholar			
ACI score (w/o writing) of 28			
SAT Composite: 1310			
Certificate			
Bilingual/Biliteracy			

EOC SCORES	SEM 1	SEM 2	CR
English I			
Algebra I			
Biology			
English II			
US History			

CCMR	SEM 1	SEM 2	CR
TSI WRITING (COLL. ADM)			
TSI READING			
TSI MATH			
ACT/SAT			
AP TEST			
DUAL 1 (1 Core or 3 Elect)			
DUAL 2			
DUAL 3			
CTE 0.5			
ARMED FORCES			
Industry Certification			
IEP and Workforce Ready			
Cybersecurity			
Fund of Com Sci			
Cybersecurity			
AP Com Sc. Principles			
Eng. Aero			
Intro to Eng. Design			
Eng. Science			
Aero Engineering			
Eng. Design & Dev			
Eng. Math 4th Math			

11th

12th



CONFIDENTIAL

DATE OF TESTING:

GRADE

Picture

Picture

STUDENT
STUDENT
DISTRICT
CAMPUS:
LANGUAGE
AREA

Listening
Speaking
Reading
Writing

COMPOSITE RATING

2020 Rating
2019 Rating



CONFIDENTIAL

EOC

STUDENT
STUDENT
DISTRICT
CAMPUS:

DOB:
GRADE:

* = Online with Embedded Supports

Info

Test Date

Scale Score

Performance Level

Algebra I

English I

U.S. History

Exemption

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7.If Student has past discipline records place them here

8. If student has IDEA/or 504 records
place them here.