

ACCT STUDENT CONFERENCE

Student Name

Date of birth

We understand that four consecutively missed assignments or consistently substandard work will require an evaluation to determine if independent study is the best educational placement for me.

Student Signature

Date

Parent Signature

Date

Prior Intervention

Type of intervention: (optional):*				
Date:				
Reason:				

*Examples: verbal warning, phone calls, informal conference, warning letter

Evaluation Conference

Initial Evaluation Date

Lack of Progress

Behavior

Other _____

Conditions of continuing enrollment:

Signatures of participants in attendance at initial evaluation:

Student _____

Parent _____

AC²T Advisor _____

Teacher _____

PSW _____

Translator _____

RSP _____

Other _____

Follow-up conference date: _____

Action Taken at follow-up conference

Follow-up conference date: _____

Off probation

Progress made — continue contract with the following terms:

Evaluation date: _____

Other educational option

Return to Home School: _____

Traditional Adult Program: _____

Other: _____

Signatures of participants in attendance at follow-up conference:

Student _____ Parent _____

AC²T Advisor _____ Teacher _____

PSW _____ Translator _____

RSP _____ Other _____

Final Evaluation

Final evaluation date: _____

Off probation

Other educational option

Return to Home School: _____

Traditional Adult Program: _____

Other: _____