



Academic Success Program Enrollment Agreement

The **Academic Success Program (ASP)** provides assistance and accommodations to meet students' unique academic learning needs. The goal of this program is to equip students to achieve their full potential while participating in the general education classroom to the greatest extent.

Enrollment into the **Academic Success Program** at UC Academy has been recommended for your child. He/she will receive specialized support and/or instruction within one of our Tiered programs. Each tier will accommodate the needs of our learners while supporting their classroom instruction. UC Academy values academic success and has provided this program to assist IEP and general education classroom students to gain the confidence and knowledge to meet and exceed grade-level benchmarks. If your family desires to be part of the program, please provide the below information needed to confirm your child's participation in ASP and email back to **Lucy Mahiaini, ASP Director LMahiaini@ucacademy.org**

Student Name: _____

School Year & Grade: _____ **Teacher** _____

Current IEP or ISP Yes ___ **No** ___ **School District** _____

Tier of Support & Cost Per Month (Please check one below): **Start Date** _____

___ **Tier 1 \$75 monthly (6th-12th)**

- SELPA monthly consultations
- ISP accommodations
- IEP District Meetings (attend)
- ISP Monthly Checkpoints
- Afternoon Open Study Session
- College Board Accommodation Arrangements (PSAT/SAT) (9th-12th)

___ **Tier 2 \$ 150 monthly (k-8th) & one-time material fee of \$75 Start Date** _____

- SELPA monthly consultations (ISP)
- ISP accommodations or as determined by ASP team
- IEP district meetings (attend)
- ISP monthly checkpoints
- Afternoon open study sessions
- Academic pull-out services up to 3 times a week (30 min. sessions)
- Gradebook monitoring
- ASP teacher observations within classrooms
- Observation/ Session Notes
- Differentiated instruction based on teacher/parent recommendations

My signature below gives consent for my child to be enrolled in the Academic Success Program. We assume responsibility for costs associated with this enrollment, and we understand that our school account will be billed each month unless otherwise arranged with the finance office. Additionally, signed consent acknowledges that students receiving services during an elective may receive a null grade for the course, which will not impact a student's weighted GPA. Services can begin only after a completed form has been submitted, and pull-out services begin only once intervention times have been confirmed by the teachers and family.

Parent/Guardian Name (Print): _____

Signature: _____ **Date:** _____

ASP Representative: _____ **Date:** _____