



**Academic Success Program Enrollment Agreement
Junior High/High School (Grades 6th - 12th)**

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 students to gain the confidence and knowledge to meet and/or exceed grade-level benchmarks. Please provide the below information needed to confirm your child's participation in ASP.

Student Name: _____ **Year & Grade:** _____
Teacher _____ **Current IEP/ISP/504** Yes ___ No ___

Tier 1: (Excludes Pull-Out Services)	Tier 2 (Includes Pull-Out Services)
<ul style="list-style-type: none"> ➤ SELPA monthly consultations (ISP) ➤ ISP accommodations or as determined by ASP team ➤ IEP District Meetings (Attend) ➤ ISP Monthly Checkpoints/ Parent communication ➤ Afternoon Open Study Session ➤ Gradebook monitoring ➤ ASP teacher observations within classrooms ➤ Observation/Session Notes ➤ College Board Accommodation Arrangement (PSAT/SAT-9th 12th) ➤ Facilitate assessments for learning disability with Central School District (if recommended). 	<ul style="list-style-type: none"> ➤ SELPA monthly consultations (ISP) ➤ ISP accommodations or as determined by ASP team ➤ IEP District Meetings (Attend) ➤ ISP Monthly Checkpoints/ Parent communication ➤ Afternoon Open Study Session ➤ Gradebook monitoring ➤ ASP teacher observations within classrooms ➤ Observation/Session Notes ➤ College Board Accommodation Arrangement (PSAT/SAT-9th 12th) ➤ Academic pull-out services up to 3 times a week (30-45 min sessions depending on grade and subject) ➤ Facilitate assessments for learning disability with Central School District (if recommended).

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 (if applicable), 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.

COST: _____ Tier 1 \$75 monthly & a one-time material fee of \$75: Start Date _____
 _____ Tier 2 \$150 monthly & a one-time material fee of \$75: Start Date _____

Parent/Guardian Name (Print): _____
Signature: _____ **Date:** _____
ASP Representative: _____ **Date:** _____

You may email the completed form to **Lucy Mahiaini, ASP Director- LMahiaini@ucacademy.org**