



Orange County Department of Education – ACCESS Program

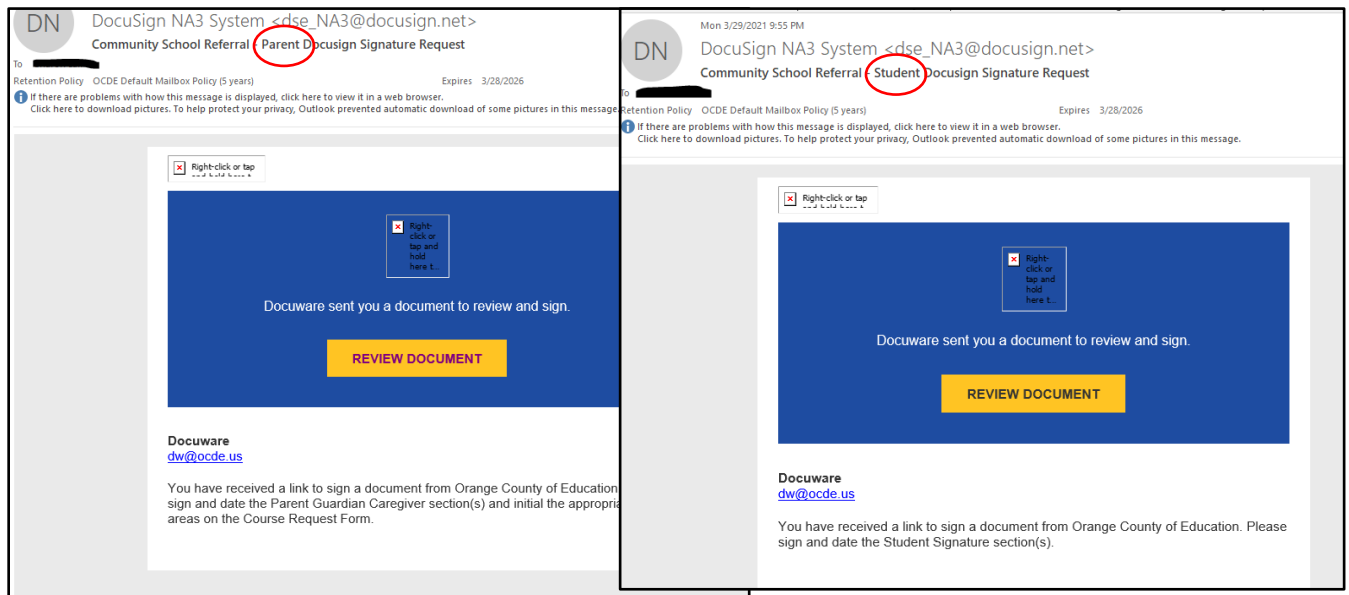
Referral e-form System

Parent and Student Process for Signature, Initials and Date

The Orange County Department of Education (OCDE) ACCESS Program is transitioning to a new Referral e-form System. The electronic forms allow for paperless transactions for the OCDE ACCESS Program Referral form and S1S Course Request forms. The signature process is embedded in the system. The system sends an email to the district referrer, parent, student and OCDE Representative along with a copy of the form to be signed by all parties. The system returns events when each signer signs the document and when the document is complete. All forms and signatures are securely stored on the OCDE IT network system and will be retained as documentation of authorization.

The following are the steps for the parents and students signature process for the Referral Form and Course Request Form.

1. The parent and student will receive an email from “Docuware via DocuSign”. The subject line will indicate the signature is needed, so if the parent and student are using the same email address they will need to sign according to who the email is for. Click on the “Review Document” button in the center of the email.



2. To open the document, the receiver must click on the “I agree to use electronic records and signatures.” This enables the “Continue” button. Click on the “Continue” button.



- When the document has been properly signed and dated, the parent and student will click on the "FINISH" button to submit the signed form.

The parent will need to sign and date on the three forms. They will also need to initial, acknowledging the statements on the Course Request form (second page in the email). This is shown in red below. The student will need to sign and date on the three forms. This is shown in green below.

Finish to send the completed document. FINISH

DocuSign Envelope ID: 91A728C2-0E76-4856-95AA-75F48BC17676

Alternative Community, and Correctional Educational Schools and Services

COMMUNITY SCHOOL REFERRAL

Student's Name: **Student Ima** A.K.A. _____ CALPADS SSID #: _____
Last First Middle

D.O.B. **03/06/2007** Grade **9th** Hm. Phone: **999-999-9999** Cell Phone: **555-555-5555**

Last School Attended: **Anaheim High** Last District Attended: **Anaheim Union**

Parent Guardian Caregiver Name: **Ima Parent** Private/Charter: Yes No

Address: **1234 E Street** City: **Anywhere** Zip: **92999**

Please attach following items:

- Attendance Record
- Immunization Certificate
- Current Transcript
- Proof of withdrawal from last school of attendance
- Copy of IEP and/or other reports (if applicable)
- ELPAC/CELDLT results
- No Section 504 Plan. If yes, please attach
- Individual Health Plan. If yes, please attach
- AB 110, 167, 1906, 2506 paperwork (if applicable)

Please provide the following information:

Special Education Yes <input checked="" type="checkbox"/> No (If Yes)	ELPAC/CELDLT-Language Proficiency English Only (EO) <input checked="" type="checkbox"/> Unknown
SAI DIS. S/L DIS/PSY	Initially Fluent English Proficient (IFEP) Initial Identification Date Tested _____
DIS/HEALTH DIS/Counseling	Redesignated Fluent English Proficient (RFEP) Redesignated by District/Date _____
District Sp. Ed. History-Exited	English Learner (EL) ELPAC/CELDLT Proficiency Level _____
Transition to ACCESS	1 st year enrolled in school in U.S. _____
IEP Date _____	Year enrolled in California Public School _____

Enrolled in U.S. Schools less than 3 Cumulative Years

REASON FOR REFERRAL

Disruptive Behavior	Teen Parent	Inability to function appropriately in school	<input checked="" type="checkbox"/> Parent Request
Substance Abuse	Special Education Needs	Expulsion Mandatory: Non-Mandatory	Runaway
Medical	Social Services	Truancy (+ Dates: _____)	
Other (Describe): _____			

ATTEMPTED INTERVENTIONS

Educational Counseling	SARB	Continuation High School	Work Experience
Schedule Modifications	Suspension _____ days	Adult Education	ESL/LEP Bilingual
<input checked="" type="checkbox"/> Parent Conference	Other _____	R.O.P.	Other _____

Comments: _____

RECOMMENDATION:

ADMIN UNIT: Area #1 Area #2 Area #3 CHEP/PCHS Sunburst

Please check box if applicable (For Office Use Only)

Section 1981 (a) District Expulsion	Section 1981 (c) (1) Probation status 001 002 654
Section 1981 (b) SARB	785 786 787 790
Section 1981 (d) Parental Request/District Approval	(d) On probation or parole and not in attendance in any school
	(d) Expelled Section 48015 (a) or (c)

REFERRAL - REVIEW & CERTIFICATION

Referring District/School: _____ Print CWA/Designee Name and Title: _____ Signature: _____ Date: _____

OCDE Representative: _____ Print Name and Title: _____ Signature: _____ Date: _____

Probation Representative: _____ Print Name and Title: _____ Signature: _____ Date: _____

Certified Judgment in Orange County Juvenile Court Order Filed December 21, 2001

Juvenile Court Representative: _____ Signature: _____ Date: _____

Parent Guardian Caregiver: _____ Signature: _____ Date: _____

Student Signature: _____ Signature: _____ Date: _____

CC Community School (White), OCDE, RLP (Yellow), District or Probation (Pink), Parent/Guardian/Caregiver (Goldendrod)

Form 100.3/27/2020

1 of 2



FIELDS

- Signature
- Initial
- Stamp
- Date Signed
- Name
- First Name
- Last Name
- Email Address
- Company
- Title
- Text
- Checkbox

DocuSign Envelope ID: 91A728C2-DEF6-4B56-95AA-75FABBC17676 est ACCESS
A AREA 2
SIS Session Dates: July 2 - August 6, 2021
REGISTRATION BEGINS: March 29, 2021

ACCESS USE ONLY

P/P

Gradpoint

Anaheim High would like **Student Ima** **03/06/2007** **9th** to take the following two course(s):
 (Referring School) Print Student Last, First Name Date of Birth Current Grade

IMPORTANT! Please prioritize courses by numbering the box with (Course #1 or Course #2)

ALL online courses require students to have a personal email account, computer access, and internet services – no school emails can be used

A-G, NON NCAA Approved Courses (ONLINE Only)		High School Requirement Courses – NON A-G Approved (PAPER/PENCIL Only)	
Eng 9A (G2102)	W Hist 10A (G1162)	Eng 9A (2102) *Paper/Pencil	US Hist A (1202) *Paper/Pencil
Eng 9B (G2112)	W Hist 10B (G1172)	Eng 9B (2112) *Paper/Pencil	US Hist B (212) *Paper/Pencil
Eng 10A (G2202)	US Hist A (G1202)	Eng 10A (2202) *Paper/Pencil	Civics (1302) *Paper/Pencil
Eng 10B (G2212)	US Hist B (G1212)	Eng 10B (2212) *Paper/Pencil	2 Economics (1402) *Paper/Pencil
Eng 11A (G2302)	Int Math 1A (G3810)	Eng 11A (2302) *Paper/Pencil	Int Math 1A (3810) *Paper/Pencil
1 Eng 11B (G2312)	Int Math 1B (G3820)	Eng 11B (2312) *Paper/Pencil	Int Math 1B (3820) *Paper/Pencil
Eng 12A (G2405)	Int Math 2A (G3825)	Eng 12A (2405) *Paper/Pencil	Int Math 2A (3825) *Paper/Pencil
Eng 12B (G2406)	Int Math 2B (G3830)	Eng 12B (2406) *Paper/Pencil	Int Math 2B (3830) *Paper/Pencil
	Int Math 3A (G3850)	W Hist 10A (1162) *Paper/Pencil	Int Math 3A (3850) *Paper/Pencil
	Int Math 3B (G3860)	W Hist 10B (1172) *Paper/Pencil	Int Math 3B (3860) *Paper/Pencil

To be completed by Academic Advisor/Administrator: Approved Student Attended SIS previously Senior District Graduate

School Counselor **555-666-9898** **Counselor@email.com**
 Academic Advisor/Administrator (Print) Academic Advisor Phone Number Academic Advisor e-mail address

*****PLEASE ATTACH A COPY OF THE FOLLOWING TO THIS COURSE REQUEST*****

Student's Transcript 2 Years of Discipline 2 Years of Attendance 2nd Truncency Letter (If Applicable)

Based on ELPAC scores, does this student qualify as EL? Please Check: YES NO

PLEASE USE BLUE OR BLACK INK (Print) **STUDENT INFORMATION**

Ima Student **slakin@ocde.us**
 Student First and Last Name Student's Email Address (NO SCHOOL emails)

1234 E Street **Anywhere 92999** **999-999-9999**
 Home Street Address City & Zip Code Primary Phone Number

345-999-6789 **714-567-9089**
 Student's Cell Number Mother's Cell # Work # Father's Cell # Work #

Ima Parent **slakin@ocde.us**
 Print Parent(s) Guardian(s) Name E-Mail address

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Parent Initials _____ ACCESS is a WASC Accredited School. _____ A-G courses are approved and meet the requirements for attendance in UC or CSU programs. _____ Our community school programs do not meet the NCAA requirements. _____

Parent Initials _____ I am in agreement that this placement is for time period between _____ 2021 ONLY.



access-referral-suhad-form.pdf

2 of 8

FIELDS

- Signature
- Initial
- Stamp
- Date Signed
- Name
- First Name
- Last Name
- Email Address
- Company
- Title
- Text
- Checkbox

DocuSign Envelope ID: PEC1548D-1448-4E66-845A-542C26750A33



Orange County Department of Education

INDEPENDENT STUDY MASTER AGREEMENT

Student Name:	lanNew05	StudentNew05	Age:	16	Birth Date:	05/19/2005	Grade:	9th
Student Email:	slakin@ocde.us		Student Cell #:					
Parent/Guardian/Caregiver:	lanNewParent05		Home Phone#:	555-555-5555		Work Phone#:		
Parent/Guardian/Caregiver Email:	slakin@ocde.us		Parent/Guardian/Caregiver Cell#:	555-555-5555				
Address:	1234 AnyStreet		City:	AnyCity		Zip Code:	999999	
Manner:	<input type="checkbox"/> One-to-One	<input type="checkbox"/> Other	Duration:	- school year		Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other
School - (Admin Unit):	Area 2	Site:	Start date:	End date:	Appointment:	Day:	Time:	

Student:

I AGREE TO:

- Be supervised by certificated staff and/or other approved resource personnel.
- Report to my teacher at the location, time and frequency specified above and the date as specified on the assignment record.
- Complete my assignments in accordance with Board Policy. Maximum length of time allowed for completion of an assignment is indicated on the assignment record and may not exceed one semester. Failure to complete four consecutive assignments during an agreed assignment period will result in an evaluation to determine if I should remain in independent study and may also result in one or more of the following:
 1. A letter of concern to me and my parent/guardian, if appropriate.
 2. A specially schedule appointment.
 3. A special meeting with the teacher and/or counselor.
 4. A meeting with the administrator, including my parent/guardian.
 5. An increase in the amount of time I must be in the learning center or in a equivalent supervised situation.
 6. Placement on academic probation.
 7. Revocation of any work permit issued until my school work is satisfactorily completed.
 8. Termination of the agreement and my return to regular classroom program of instruction or other appropriate alternative.
- Obtain transportation to the school site. (Note: The lack of transportation is not an acceptable reason for failing to meet with my teacher and/or supervisor to submit my completed assignments.)
- Attend and participate in each state mandated test throughout the school year.

Proposed Course of Study:

Subsidiary contracts will be negotiated for each course specifying objectives, credit, resources, personnel and materials to be provided and criteria for evaluation. These will be part of this Master Agreement. Additional course contracts may be written upon receipt of the official transcript(s).

Course	Credit Needed	Course	Credit Needed
Eng 11B (G2312)	5.0		
Economics (1402) Paper/Pencil	5.0		

AGREEMENT: The Orange County Department of Education commits to provide the material and services listed under the "understandings" on page 2 of this agreement. We have read pages 1 and 2 of this agreement and hereby agree to all the

Student Signature	Date	Parent / Guardian / Caregiver Signature	Date
Supervising Teacher Signature	Date	Other Person(s) Responsible Signature(s) documented on subsidiary contracts	Date

Independent study master agreement

access-referral-suhad-form.pdf

2 of 8