



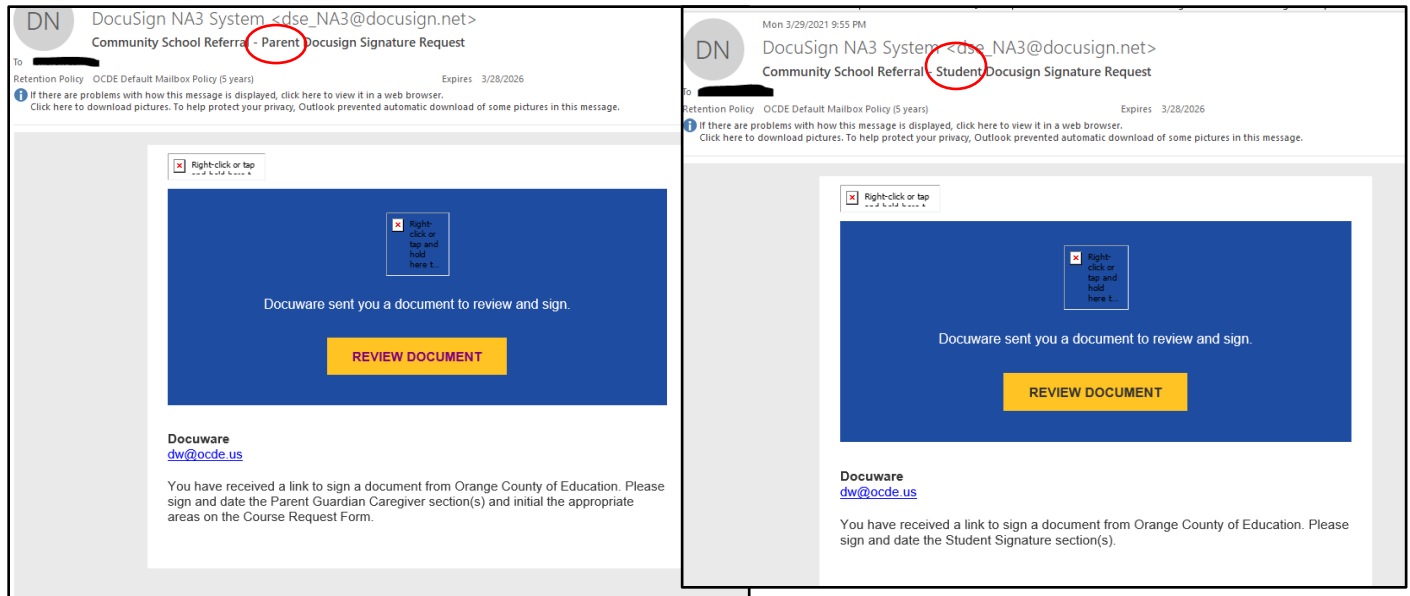
Departamento de Educación del Condado de Orange—Programa ACCESS

Sistema de Formulario Electrónico de Referencia Proceso de Firma, Iniciales y Fecha para Padres y Estudiantes

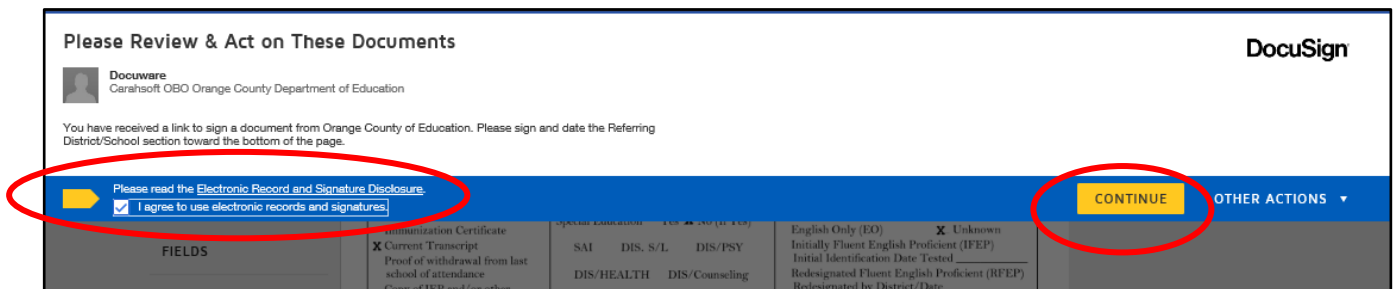
El Programa ACCESS del Departamento de Educación del Condado de Orange (OCDE) está en transición a un nuevo Sistema de Formulario Electrónico de Referencia. Los formularios electrónicos permiten transacciones sin papel para el Formulario de Recomendación del Programa OCDE ACCESS y para los Formularios de Solicitud de Cursos S1S. El proceso de firma está integrado en el sistema. El Sistema enviará un correo electrónico al remitente del distrito, padres, estudiante y Representante de OCDE junto con una copia del formulario para ser firmado por todas las partes. El sistema enviará notificaciones cuando cada parte firma el documento y cuando el documento está completo. Todos los formularios y firmas se almacenan de forma segura en el sistema de redes del Departamento de Tecnología de OCDE y se conservarán como documentación de autorización.

Los siguientes son los pasos para el proceso de firmar de padres y estudiantes para los Formularios de Solicitud de Curso y Referencia.

1. Los padres y el estudiante recibirán un correo electrónico de “Docuware a través de DocuSign”. La línea de asunto indicará que se necesita la firma, si el padre o la madre y el estudiante están usando la misma dirección de correo electrónico, deberán firmar de acuerdo con el destinatario del correo electrónico. Haga clic en el botón “Revisar Documento” en el centro del correo electrónico.



2. Para abrir el documento, el destinatario debe hacer clic en “Acepto utilizar registro electrónicos y firmas”. Esto habilita el botón “Continuar”. Haga clic en el botón “Continuar”.



3. Cuando el documento haya sido debidamente firmado y fechado, el padre o madre y el estudiante harán clic en el botón “FINALIZAR” para enviar el formulario firmado.

El padre o la madre deberán firmar y fechar los tres formularios. También deberán poner las iniciales en las declaraciones del Formulario de Solicitud de Curso (segunda página en el correo electrónico). Esto se muestra en rojo a continuación. El estudiante deberá firmar y fechar en los tres formularios. Esto se muestra en verde a continuación.

Finish to send the completed document. FINISH

DocuSign Envelope ID: 91A728C2-0EF6-4856-05AA-75FA8BC17676
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: **Please provide the following information:**

<input checked="" type="checkbox"/> Attendance Record	Special Education Yes <input checked="" type="checkbox"/> No (if Yes)	ELPAC/CELDLT-Language Proficiency English Only (EO) <input checked="" type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Immunization Certificate	SAI DIS. S/L DIS/PSY	Initially Fluent English Proficient (IFEP) _____
<input checked="" type="checkbox"/> Current Transcript	DIS/HEALTH DIS/Counseling	Initial Identification Date Tested _____
<input type="checkbox"/> Proof of withdrawal from last school of attendance	District Sp. Ed. History-Exited _____	Redesignated Fluent English Proficient (RFEP) _____
<input type="checkbox"/> Copy of IEP and/or other reports (if applicable)	Transition to ACCESS _____	English Learner (EL) _____
<input type="checkbox"/> ELPAC/CELDLT results	IEP Date _____	ELPAC/CELDLT Proficiency Level _____
<input checked="" type="checkbox"/> No Section 504 Plan If yes, please attach _____		1 st year enrolled in school in U.S. _____
<input type="checkbox"/> No Section 504 Plan If yes, please attach _____		Year enrolled in California Public School _____
AB 210, 167, 1806, 2506 paperwork (if applicable)		Enrolled in U.S. Schools less than 3 Cumulative Years _____

REASON FOR REFERRAL: Disruptive Behavior Teen Parent Inability to function appropriately in school Parent Request Runaway
Substance Abuse Special Education Needs Expulsion: Mandatory: Non-Mandatory
Medical Social Services Truancy (# Dates: _____)

ATTEMPTED INTERVENTIONS: Educational Counseling _____ SARB _____ Suspension _____ days _____
Schedule Modifications _____ Other _____
 Parent Conference _____

PREVIOUS EDUCATIONAL ALTERNATIVES: Continuation High School _____ Work Experience _____
Adult Education _____ ESL/LEP Bilingual _____
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 1891 (a) District Expulsion	Section 1891 (c) (1) Probation status 601 602 654
Section 1891 (b) SARB	725 726 727 790
Section 1891 (d) Parental Request/District Approval	(2) On probation or parole and not in attendance in any school
	(3) Expelled Section 1891.5 (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 to Orange County Juvenile Court Order Filed December 21, 2001

Juvenile Court Representative: _____

Parent Guardian Caregiver: _____ Signature: _____ Date: _____

Student Signature: _____ Signature: _____ Date: _____

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

Form 100.1/27/2020

access-referral-au/sso-form.pdf 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 **ACCESS 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)

Eng 9A (G2102)	W Hist 10A (G1162)
Eng 9B (G2112)	W Hist 10B (G1172)
Eng 10A (G2202)	US Hist A (G1202)
Eng 10B (G2212)	US Hist B (G1212)
Eng 11A (G2302)	Int Math 1A (G3810)
1 Eng 11B (G2312)	Int Math 1B (G3820)
Eng 12A (G2405)	Int Math 2A (G3825)
Eng 12B (G2406)	Int Math 2B (G3830)
	Int Math 3A (G3850)
	Int Math 3B (G3860)

High School Requirement Courses - NON A-G Approved (*PAPER/PENCIL Only)

Eng 9A (2102) *Paper/Pencil	US Hist A (1202) *Paper/Pencil
Eng 9B (2112) *Paper/Pencil	US Hist B (1212) *Paper/Pencil
Eng 10A (2202) *Paper/Pencil	Civics (1302) *Paper/Pencil
Eng 10B (2212) *Paper/Pencil	2 Economics (1402) *Paper/Pencil
Eng 11A (2302) *Paper/Pencil	Int Math 1A (3810) *Paper/Pencil
Eng 11B (2312) *Paper/Pencil	Int Math 1B (3820) *Paper/Pencil
Eng 12A (2405) *Paper/Pencil	Int Math 2A (3825) *Paper/Pencil
Eng 12B (2406) *Paper/Pencil	Int Math 2B (3830) *Paper/Pencil
W Hist 10A (1162) *Paper/Pencil	Int Math 3A (3850) *Paper/Pencil
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 Truancy 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**
 Parent/Guardian 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: FEC15A6D-1448-4E66-B65A-54C2C8750A38



Orange County Department of Education

INDEPENDENT STUDY MASTER AGREEMENT

Student Name: lamNew05	StudentIDNew05	Age: 16	Birth Date: 05/18/2005	Grade: 9th
Student Email: slakin@ocde.us	Student Cell #:			
Parent/Guardian/Caregiver: lamNewParent05	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: 99999		
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):	Site:	Start date:	End date:	Appointment: Day: Time:
Area 2				

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 (62312)	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

Comments for your review:

[Redacted signature area]

[Redacted signature area]

Supervising Teacher Signature

Date

Other Person(s) Responsible
Signature(s) documented on subsidiary contracts

Independent study master agreement

Page 1 of 2
ACCESS ID#: 11/6/14
Form108.11/06/14 0479164311

access-referral-suhad-form.pdf

2 of 8