**School Age High School Equivalency Program (HSE) Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information | | | | | | | | | | | | | | | | | | | | | | |
| **District:** |  | | | | | | | **Student ID#:** | | | |  | | | | | **Date:** | | |  | | |
| **Student Legal Name:** | | |  | | | | | **Name in Student Mgmt. System:** | | | | | | | |  | | | | | | |
| **Student Chosen Name:** | | | |  | | | | **DOB:** | |  | | | | | | | | | | | | |
| **Gender:** |  | | | | **Pronouns:** | |  | **Classification (if appropriate):** | | | | | | |  | | | | **Grade:** | | |  |
| **Is the student an ELL (English Language Learner)?**   YES  NO | | | | | | | | **Interpreter Needed?**  YES  NO | | | | | | | | | | | | | | |
| **Student’s current program and location:** | | | | | |  | | | | | | | | | | | | | | | | |
| **Student Address:** | |  | | | | | | | **Apt #:** | |  | | **City:** |  | | | | **Zip:** | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Caregiver #1 (Primary contact for calls) | | | | | | | | | | | | | |
| **Name:** |  | | | | | **Lives with student?**  YES  NO | | | | | | | |
| **Relationship:**  Mother  Father  Stepmother  Stepfather  Other (please list) | | | | | | | | | | | | | |
| **Address:** | |  | | | | **Apt #:** | |  | | **City:** |  | **Zip:** |  |
| **Cell Phone:** | | |  | | | **Work Phone:** | | |  | | | | |
| **Home Phone:** | | | |  | | **Email:** | |  | | | | | |
| **Interpreter needed?**  YES  NO | | | | | **If yes, indicate language needed:** | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Caregiver #2 | | | | | | | | | | | | | | |
| **Name:** |  | | | | | **Lives with student?**  YES  NO | | | | | | | | |
| **Relationship:**  Mother  Father  Stepmother  Stepfather  Other (please list) | | | | | | | | | | | | | | |
| **Address:** | |  | | | | **Apt #:** | | |  | | **City:** |  | **Zip:** |  |
| **Cell Phone:** | | |  | | | **Work Phone:** | | | |  | | | | |
| **Home Phone:** | | | |  | | **Email:** | |  | | | | | | |
| **Interpreter needed?**  YES  NO | | | | | **If yes, indicate language needed:** | |  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| District Information | | | | | | |
| **Is the student involved with any community agencies?** (probation, family court, DSS?)  YES  NO | | | | | | Specify: |
| **\*Parents/Caregivers were contacted regarding the referral?**   YES  NO | | | | | **Are they in agreement?**   YES  NO | |
| **District contact for referral:** | |  | **Phone:** | |  | |
| **District Admin Signature:** |  | | **Date:** |  | | |

|  |  |
| --- | --- |
| ⮚ Please include all required documentation listed below: | |
| Transcripts, report cards, current grades (Including Tutoring) | Current Physical and Immunization Record |
| Standardized Test Scores (Including Most Recent State Assessments) | Birth Certificate |
| Student Evaluation Form and/or Teacher Reports | Course Requirement Form |
| Student Transportation Form (only if student will be driving) | Completed Variance Form |
| Application R Form (if applicable) & confirmation email from state portal | Record of Disciplinary Actions/BIP (if applicable) |
| ⮚ If Applicable: | |
| Current Individualized Education Plan | Current 504 plan |
| Current Psychological Report (within 3 years) | Current Social History (within 3 years) |
| Counseling/Support Services reports | Other |

|  |  |
| --- | --- |
| Ethnicity and Racial Group | |
| **Ethnicity** *(****select one****)*:  Hispanic  Not Hispanic | **Racial Group *(select all that apply)***:  American Indian or Alaskan Native  Asian  White  Native Hawaiian or other Pacific Islander  Black or African American |

Updated 7/2024

**Course Requirement Form**

*(Required)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | | **District:** |  | | |
| **IEP  504** | | | | **Home School Counselor:** | | |  |
| **World Languages Exemption** | | | | **Phone:** |  | | |
| **Sequence:** |  | | | **Anticipated Grad Date:** | |  | |
| **Total Credits Earned:** | | |  | **Total Credits Required:** | |  | |

|  |  |
| --- | --- |
| ***Credit Earned in the following classes***  (Please Check) | ***Courses Student Needs to Graduate***  (Please Check) |
| English  9  10  11  12  Math  9  10  11  12  Social Studies  9  10  11  12  \*Science  9  10  11  12  Art/Music  9  10  11  12  PE  9  10  11  12  World  7  8  9  10  11  12  Language | English  9  10  11  12  Math  9  10  11  12  Social Studies  9  10  11  12  \*Science  9  10  11  12  Art/Music  9  10  11  12  PE  9  10  11  12  World  7  8  9  10  11  12  Language |

**\****If a student is enrolled in a science course that requires completion of labs, please send the labs with the referral packet and include lab minutes and grades received.*

Electives/Vocational (Please list course name and credit)

|  |
| --- |
|  |
|  |
|  |
|  |
| PLEASE CHECK EXAMS PASSED AND LIST SCORES |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Check** | **Exam** | **Score** |  | **Check** | **Exam** | **Score** |
|  | ELA Regents |  |  |  | Algebra 1 Regents |  |
|  | Global History Regents |  |  |  | Algebra 2 Regents |  |
|  | US History Regents |  |  |  | Geometry Regents |  |
|  | Physical Science Regents |  |  |  | Life Science Regents |  |
|  | World Language |  |  |  | Checkpoint B |  |

HSE Application R Confirmation

A ged.com account has been set up for

(Student's name)

Ged.com account email address

Ged.com account password

An Application R Form was submitted to New York State through the NYS Portal (NYS Portal Instructions below)

\*Application R Forms require a 16 digit Ged ID Number.

\*This number is obtained when a ged.com account is created. Please include a copy of the Attachment R Form that was submitted to New York State

**Application R Form - How to Submit to New York State:**

Passing scores from Regents Examinations may be substituted for corresponding HSE subject tests.

*An Application R Form provides proof that a student has been exempt from or passed a NYS Regents Examination. If a student receives credit for a Regents Examination, they are exempt from the GED subtest in that subject area.*

**Step 1: Register your student on ged.com**

**Step 2: Submit an Application R Form through the NYS Portal**

**Please note:** Application R Forms may not be submitted to NYS as an email attachment, you must submit through the State Portal. [**Click here**](https://www.acces.nysed.gov/hse/application-r)for more information

**Instructions on how to send an Application R Form through the NYS Portal:**

* Using your official school email account, send an email to: [HSERAPP@NYSED.GOV](mailto:HSERAPP@NYSED.GOV)
* Subject: High School Equivalency Portal Access Request
* In your email please state:
* I am requesting access to [the R](https://ged.com/) Application submission portal.
* [HSERAPP@NYSED.GOV](mailto:HSERAPP@NYSED.GOV) will respond to your email with a link to the **SharePoint page** portal.
* Follow the prompts within this SharePoint page to submit the Application R Form

**Additional Information:**

*You must register your student on ged.com to obtain the GED ID number.*

Program: Monroe 1 BOCES Program code: 84082

**(To be completed by each content area teacher)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: | |  | Teacher Name: |  | |
| Course Name: |  | | Grade Level/Date: | |  |

**Areas of Concern:**

Academic Achievement  Peer Relationships

Behavior  Faculty/Student Relationship

|  |  |
| --- | --- |
| Other |  |

Work Habits

Have you completed discipline referrals on this student?  Yes  No

Was this student passing your class at the time of referral?  Yes  No

|  |  |  |
| --- | --- | --- |
| What was his/her grade? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Satisfactory** | **Needs Improvement** | **Not Acceptable** |
| Follows Directions |  |  |  |  |
| Punctual to Class |  |  |  |  |
| Works Independently |  |  |  |  |
| Completes Work |  |  |  |  |
| Works Accurately |  |  |  |  |
| Peer Interaction |  |  |  |  |
| Attitude towards you |  |  |  |  |
| Classroom Behavior |  |  |  |  |
| Hallway Behavior |  |  |  |  |
| Campus Behavior |  |  |  |  |

Please use the next page to explain any answer marked “needs improvement” or “not acceptable”. Also, please list any classroom strategies or modifications that you have employed.

*(Use this page to explain any answer marked “needs improvement” or “not acceptable”, as well as classroom strategies or modifications that you have employed.)*

**Student Transportation Form**

(only necessary if the student plans to drive to class and not take the school bus)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | | |  | | | | | | | | DOB: |  | |
| Address: |  | | | | | | | | | | Phone: | |  |
| Apt #: | | | | \_\_\_\_\_\_ | | City: |  | Zip: |  |  | | | |
| Parent/Caregiver 1: | | | | |  | | | | | | Phone: | |  |
| Parent/Caregiver 2: | | | | |  | | | | | | Phone: | |  |
| Emergency Contact: | | | | |  | | | | | | Phone: | |  |
| Transporter: | |  | | | | | | | | | Phone: | |  |

**Please check if any of the following apply:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asthma | Heart Disease | Diabetes | Hemophiliac | |
| Chronic Respiratory Problems | | Bee Sting | Other: |  |
| Allergies - To What: |  | | | |

**Is student on any medication?** Yes  No

|  |  |
| --- | --- |
| If yes, please list dosage and when taken: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other medical conditions (if any):** | | | | | |  | | | | | |
| Student’s Physician: | | | |  | | | | | Phone: | |  |
| Physician’s Practice: | | | |  | | | | | | | |
| Address: |  | | | | | | | | | | |
|  | City: |  | | | | | Zip: |  | | |  |
| Family Hospital: | | |  | | | | | | | | |
| Legal Guardian Signature: | | | | |  | | | | Date: |  | |

1/2024