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

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| 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:** |  |

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| 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:** |  |

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| 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:** |  |

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| ⮚ 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  |

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| 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 [ ]  12Math [ ]  9 [ ]  10 [ ]  11 [ ]  12Social Studies [ ]  9 [ ]  10 [ ]  11 [ ]  12\*Science [ ]  9 [ ]  10 [ ]  11 [ ]  12Art/Music [ ]  9 [ ]  10 [ ]  11 [ ]  12PE [ ]  9 [ ]  10 [ ]  11 [ ]  12World [ ]  7 [ ]  8 [ ]  9 [ ]  10 [ ]  11 [ ]  12Language  | English [ ]  9 [ ]  10 [ ]  11 [ ]  12Math [ ]  9 [ ]  10 [ ]  11 [ ]  12Social Studies [ ]  9 [ ]  10 [ ]  11 [ ]  12\*Science [ ]  9 [ ]  10 [ ]  11 [ ]  12Art/Music [ ]  9 [ ]  10 [ ]  11 [ ]  12PE [ ]  9 [ ]  10 [ ]  11 [ ]  12World [ ]  7 [ ]  8 [ ]  9 [ ]  10 [ ]  11 [ ]  12Language |

**\****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)

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|   |
|   |
|   |
|   |
| 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
* 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 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