**STATE OF GEORGIA**

 Division of Family and Children Services

Educational Programming, Assessment and Consultation Services

**Georgia Division of Family and Children Services**

**EDUCATIONAL PROGRAMMING, ASSESSMENT, AND CONSULTATION**

**NON-TRADITIONAL EDUCATION APPROVAL FORM**

***For School Age Youth in Foster Care within Georgia***

This form should be used when reviewing and approving the most appropriate education setting for a student in the custody of the Georgia Division of Family and Children Services (DFCS) IF the setting is not the general classroom instruction provided within a traditional school in the student’s local school system. **The student’s Case Manager (or other authorized *DFCS staff representing the student) must complete the form prior to the student participating in the non-traditional program***. Once the form has been completed, please submit this form to the student’s regional DFCS Education Support Monitor. The form should be uploaded into the student’s file within GA SHINES as an *external document*. **Note: The *Education Detail Page* and the Best Interest Determination questionnaire within GA SHINES must be completed prior to the approval of this request.**

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| --- | --- | --- |
| Date Submitted: Click here to enter a date. | Completed by: Click here to enter text. | GA SHINES Best Interest Determination Date of Completion: Click here to enter a date. |
| **SECTION I: APPROVAL TYPE REQUEST** |
| [ ]  COVID 19 Virtual *Provided by the county school system for students whose parents have opted for the student to attend school virtually due to the COVID 19 pandemic.* |  [ ]  Homeschool*Facilitated by the caregiver utilizing an accredited academic homeschool-based curriculum. This option should not be used in place of COVID 19 virtual.* | [ ]  Private School*Provided by a school supported by a private organization or private individuals rather than by the local county school system. Accreditation must be verified.* | [ ]  General Education Diploma (GED)*Provided through an authorized GED program for students.* |
| Name of Program/Curriculum/School to be Approved: Click here to enter text. | Location/Address: Click here to enter text. |
| Is the student currently enrolled in school or an education program? [ ]  Yes [ ]  No [ ]  Not Sure Current Grade: Click here to enter text. | Name of Current Program/Curriculum/School: Click here to enter text. |
| Will the student graduate from high school within the next 12 months? [ ]  Yes [ ]  No For High School Students, Number of Credits Already Earned: Click here to enter text. Remaining Credits Needed for Graduation: Click here to enter text. |
| For General Education Diploma (GED) approval, provide the GED Placement Score (TABE): [ ]  0 – 5.9 Basic [ ]  6.0 – 8.9 Pre-GED [ ]  9.0 – 12.9 GED |
| **SECTION II: STUDENT INFORMATION** |
| First Name: Click here to enter text. | Last Name: Click here to enter text. | Middle Initial: Click here to enter text. | DOB: Click here to enter text. | SHINES Person ID: Click here to enter text. |
| County of Custody: Click here to enter text. | Boarding County: Click here to enter text. |
| Does the student’s biological parent(s) have parental rights? [ ]  Yes [ ]  No [ ]  Not SureComments: Click here to enter text. | If the biological parent(s) have parental rights, has the biological parent(s) consented to this academic change? [ ]  Yes [ ]  No [ ]  Not sure  |
| Does the student receive **any enrichment or other support services (does not include special education or an IEP)**?[ ]  Yes [ ]  No [ ]  Not SureIf yes, describe: Click here to enter text. | Does the student have an **Individualized Education Plan (IEP) and receive special education services**? [ ]  Yes [ ]  No [ ]  Not Sure | Does the student have a **504 Plan**? [ ]  Yes [ ]  No [ ]  Not Sure |
| **SECTION III. NON-TRADITIONAL EDUCATION APPROVAL CERTIFICATION**  |
| By entering my name below, I understand that Click here to enter text. will be attending Click here to enter text. for the Click here to enter text. Academic school year. I grant permission for the student’s enrollment in the program identified in *Section I* and I understand that the Georgia Department of Human Services, Georgia Division of Family and Children Services is not responsible or liable for any costs related to the enrollment and attendance to the approved non-traditional education program. These costs include, but are not limited to enrollment, attendance, registration, books/supplies and withdrawal. **Check Approval Type Request:** [ ]  **COVID-19 Virtual** [ ]  **Homeschool** [ ]  **Private School** [ ]  **General Education Diploma (GED)**Caregiver or Legal Guardian Name: Click here to enter text. Date: Click here to enter a date.Student’s Case Manager or Authorized DFCS Representative: Click here to enter text. Title: Click here to enter text. Date: Click here to enter a date.DFCS EPAC Education Support Monitor: Click here to enter text. Date: Click here to enter a date. |
| **SECTION IV. FINANCIAL AGREEMENT ACKNOWLEDGEMENT for the Georgia Special Needs Scholarship – Only to be completed for Private School Approval** |
| By entering my name below, I understand that Click here to enter text. will be attending Click here to enter text. for the Click here to enter text. Academic school year. The student is eligible for and will be receiving the Georgia Special Needs Scholarship (GSNS) for the same school year. I understand that it is my responsibility to maintain the Georgia Special Needs Scholarship and to comply with all rules and regulations regarding the GSNS. The Georgia Department of Human Service, Division of Family and Children Services is not responsible for or liable for any costs related to the enrollment and attendance at the private school. These costs include, but are not limited to enrollment, attendance, registration, books/supplies and withdrawal.**Check One:**[ ]  **I have attached the Georgia Special Needs Scholarship award letter.**[ ]  **The student WILL NOT be receiving the Georgia Special Needs Scholarship. Other funding has been procured to secure the student’s admission and attendance to the private school or program.** |
| **SECTION V. REVOCATION OF SPECIAL EDUCATION CONSENT – To be completed for Private School, Homeschool and GED Program Admission** |
| I am the caregiver, legal guardian or parent of Click here to enter text. who currently enrolled at Click here to enter text. . This student is eligible to receive special education services. If approved, I revoke my consent to the provision of any special education services at the public school since the student will be attending Click here to enter text..I understand that by revoking my consent for services, this student is no longer eligible for services and supports afforded to them under the special education law. These services include:* Placement in Special Education classes
* Access to support services (i.e. Speech and Language, occupational therapy) Development of IEPs and annual review of IEP
* Re-assessments every three years
* Manifestation Determination meeting as part of disciplinary process

**I understand that I may change this decision at any time and request the student to receive special education services again.** The local county school system will then conduct the appropriate assessments to ensure the student still qualifies for special education and an IEP meeting will be convened to determine the placement.Caregiver or Legal Guardian Name: Click here to enter text. Date: Click here to enter a date.Student’s Case Manager or Authorized DFCS Representative: Click here to enter text. Title: Click here to enter text. Date: Click here to enter a date. DFCS EPAC Education Support Monitor: Click here to enter text. Date: Click here to enter a date. |
| **Internal Use Only**  |
| Status of Request: Choose an item. | Date Approval/ Denial: Click here to enter a date. |
| Comments: Click here to enter text. |
| [ ]  **By Selecting the box and electronically signing your name, you are certifying that you have reviewed the above request and approve this decision.**DFCS County Director or Designated Representative Signature:Click here to enter text. Date: Click here to enter a date. [ ]  **By Selecting the box and electronically signing your name, you are certifying that you have reviewed the above request and approve this decision.**DFCS EPAC ESM Signature:Click here to enter text. Date: Click here to enter a date.   |

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**Approval Criteria**

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| Minimum Criteria for COVID 19 Virtual | Minimum Criteria for Homeschool Admission | Minimum Criteria for Private School Admission | Minimum Criteria for GED Program Admission |
| * Student has access to a working computer and internet during the duration of the school day.
* The school day program is provided by the school/school system the child is registered to attend for the current or upcoming academic year.
* The curriculum includes the minimum academic subjects for the student to move to the next grade upon successful completion of the school year.
* Guardian/Foster Parent/Caregiver agrees to follow all guidelines and procedures established for virtual learning for the students within the respective school/school system.
 | * Homeschool teacher/instructor must have at least a high school diploma or GED.
* A *Home Study Program Declaration of Intent* has been filed with the State of Georgia.
* The Home School Program will provide instruction for 180 days.
* The school day in the Home Study Program is at least 4.5. hours of instruction per day.
* The Home Study curriculum includes Reading, Language Arts, Math, Social Studies, and Science.
* Caregiver agrees that student will adhere to state standardized testing, requirements, and guidelines (Milestones, Iowa Basic Skills, etc).
* The Revocation of Special Education Services has to be signed by the appropriate representatives (if applicable) – ***Section V.***
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* Signed Financial Acknowledgment - ***(Section IV).***
* Verification of accreditation of private school – *letter from Private School on school letterhead that identifies the name of the accrediting organization or agency.*
 | * Student is at least 16 years old
* Caregiver Consent signature for youth under 18 years old – ***Section III***.
* Student qualifies for GED placement based on Placement Score as outlined within GED testing guidelines.
* The Revocation of Special Education Services has to be signed by the appropriate representatives (if applicable) – ***Section V.***
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