# APRIL DUNN ACT HIGH SCHOOL GRADUATION CRITERIA FOR STUDENTS WITH DISABILITIES

Student	DOB	Student ID#
School	Grade	IEP Team Meeting Date

This checklist is to be used within the first 30 days of entering the grade or course(s) to ensure and determine if the student should pursue an alternate pathway to a diploma.

#### Section I

The IEP T	The IEP Team must consider and circle "Agree" or "Disagree" for each of the following statements: The Student:				
Agree	Agree Disagree Has an exceptionality (does not apply to a student identified as Gifted and/or Talented with no exceptionality.)				
Agree	Disagree	ree Has not met state established benchmarks on the two most recent administrations of any state assessment.			
Agree	Disagree	The student's progress to date, in response to appropriate instruction designed to address the student's individual			
	needs is such that, even if significant growth occurs, the student will not achieve grade-level proficiency within				
	the year covered by student's IEP.				

If ALL statements in Section I have been circled "Agree", proceed to Section II.

## Section II

	termined the and circle "A	Documented in the section below:	
Agree	Disagree	Determined the course of study (Individual Graduation Plan)	Transition Plan
			Placement Page
Agree	Disagree	Established minimum requirements in the IEP relevant to promotion and graduation	GSI (Statewide
		requirements including EOC assessments and for the awarding of credits.	Assessment)
			Instructional Plan
			PLAAFP
Agree	Disagree	Established minimum performance requirements for annual academic goals	Instructional Plan
		designed to meet the student's needs.	PLAAFP and Goal
Agree	Disagree	Notified the student/parent/legal guardian that, as a result of these requirements, varying from the standard expectations, future educational and career options for the student may be impacted.	GSI (Statewide Assessment
Agree	Disagree	Notified the student/parent/legal guardian that a student with a disability shall remain eligible for services until reaching age 22 unless the student has graduated from high school with a regular high school diploma.	Placement Page

# Career Major for High School Students

#### Section III

Agree	Disagree	The student with disabilities wants to pursue a career major curriculum.
Agree	Disagree	The student with disabilities wants to pursue a career major curriculum.

### If the IEP Team agrees that the student will pursue a career major curriculum, then the following conditions will be followed:

Agree	Disagree	The student is required to meet state established performance standards on any	GSI (Statewide
		assessment for the purpose of graduation.	Assessment) Comments
Agree	Disagree	If the IEP Team determines the student is not required to meet state/local	GSI (Statewide
		performance standards on any assessment for purposed of graduation, then student	Assessment)
		shall be required to earn Carnegie Units, maintain attendance requirements, achieve	Transition Plan
		APPBA and IEP goal(s), and shall meet one of the following conditions consistent with	Comments
		the IEP:	
		(Check ONE related to specific student)	
		♦ Employment in integrated, inclusive work environments, based on the student's	
		abilities and local employment opportunities, in addition to sufficient self-help skills	
		to enable the student maintain employment without direct and continuous	
		educational support from the school district. <b>OR</b>	
		♦ Demonstrate mastery of specific employability skills and self-help skills that indicate	
		that he/she does not require district and continuous educational support from the	
		school district. <b>OR</b>	
		♦Access to services that are not within the legal responsibility of public education or	
		employment or education options for which the student has not been prepared by	
		the academic program.	

Section IV:	The IEP Tear	m must consider	and circle	"Agree" c	or "Disagree'	that each	of the following	statements has
been docu	mented on ti	ne IFP.						

Agree	Disagree	IEP Team agrees with ALL aforementioned statements and student is eligible for an	GSI
		alternative pathway to a diploma	

## Section V: Signatures of IEP Team Members

	NAME	SIGNATURE	DATE	
Student*				
Parent*				
Special Education				
Teacher**				
Regular Education				
Teacher**				
ODR**				
Counselor**				

<sup>\*\*</sup>My signature indicates that I have verified all documentation to determine student has met the criteria for an alternate pathway to promotion. The student/eligible student and/or parent/guardian were provided information related to how requirements that vary from standard expectation may impact future educational and career options.

*Student's IEP mu	ust be signed by	student, parent/legal	guardian and so	chool counselor
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Date of Decision

# After criteria review, the student/eligible student, and/or parent/guardian have declined an alternate pathway to graduation in accordance with April Dunn Act.

	Name	Signature	Date
Student/Eligible Student			
Parent			
IEP Teacher			
Counselor			
ODR			