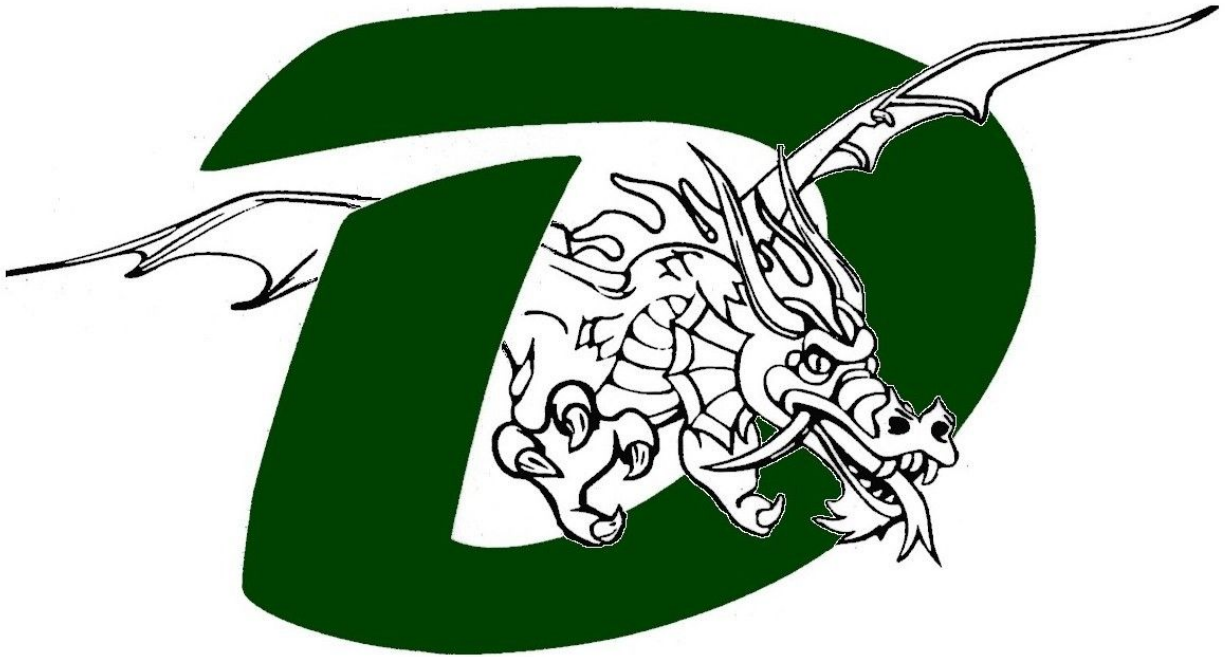


MISSOURI OPTION PROGRAM DE SOTO HIGH SCHOOL



**....TO ENSURE LEARNING, GROWTH, AND SUCCESS FOR ALL STUDENTS IN A
SAFE ENVIRONMENT.**

MISSION STATEMENT

The De Soto School District has implemented the Missouri Option Program for those students who, for whatever reason, are not able to graduate with their class. The program allows students to stay in school, participate in meaningful classes and support services, and have the opportunity to graduate “on schedule.” The De Soto School District Missouri Option Program is committed to helping those students who have realized the importance of earning a high school diploma.

MISCONCEPTIONS ABOUT THE MISSOURI OPTION PROGRAM

The Missouri Option Program is NOT an “early out” program or “easy out” alternative. It is specifically intended to meet the needs of students who are credit-deficient (for whatever reasons) but who otherwise could be expected to meet regular graduation requirements. This program is NOT just intended to prepare students for the HiSet Test; it must provide substantive academic content aligned with the school’s regular curriculum and expectations. Students must attend school regularly and have access to the kind of counseling and support services that are available to all students.

STUDENT ELIGIBILITY

1. Student participation is voluntary.
2. Student must be 17 years of age or older to participate in the Missouri Option Program.
3. Student must be at least one year’s credit behind their cohort group, defined as when a student started Kindergarten, not high school.
4. Student must be a senior who will not be able to complete the 24 credits required to graduate.
5. Selection for the Missouri Option Program is not ethnic, racial, or gender biased. Students with disabilities are eligible for participation in the program. Students with disabilities must show evidence of a current Individualized Education Plan (IEP) or Section 504 Plan which indicates that participation in the Missouri Option Program is appropriate for the student. The IEP or Section 504 Plan must document any special education services and related aids and services necessary for successful completion of the program, including the testing component.
6. Priority will be given to students by cohort graduation class and screening results.

ENROLLMENT PROCESS

1. Student completes application form.
2. Parent/Guardian and student complete consent form.
3. Students will be screened by testing prior to entering the Missouri Option Program.
4. Student eligibility check list completed by office.
5. Student placed in Missouri Option Program per space availability.
6. Student meets with counselor to discuss future career plans.

GRADUATION/PROGRAM REQUIREMENTS

1. Students must complete a minimum of 15 hours of academic instruction per week. **The class meets from 8:30 a.m. until 11:30 a.m. and the student furnishes his/her own transportation.**
2. Students must obey all school rules, regulations, and policies.
3. Students must complete American Government and pass the required U.S. and Missouri Constitution tests. Students must also complete Personal Finance and Health.
4. Students must successfully complete the State EOC Assessments in English II, Biology, Algebra I and American Government.
5. Students must have a job or volunteer work that allows them to obtain a minimum of 15 hours per week. Hours must be turned in on a monthly basis.
6. Students will be considered a full time student.
7. Students must be able to demonstrate the ability to read independently in English at a level sufficient to successfully complete the HiSet instruction and testing.
8. Students must successfully pass the HiSet test. **
9. Students must complete workforce development activities/instruction-life skills/employability skills (i.e. supervised work study and career education programs).
10. Students MAY NOT graduate earlier than cohort class (**the graduation class determined by entry age of eligible enrollment in Missouri Public School**).
11. Students may participate in the May Missouri Options graduation ceremonies only if they pass the HiSet test, submit all work hours two weeks prior to graduation date, complete all other requirements listed in Missouri Option Program, and apply for the May ceremonies through the office by May 1.

**** Any student who does not complete the program will need to re-test through the State of Missouri on their own. Scores awarded for the High School Equivalency Certificate earned while in the program will be erased upon leaving the Missouri Option Program.**

DISMISSAL AND APPEAL PROCESS

1. Students who have discipline reports deemed serious or excessive by the building principal may be placed on probation or dismissed from the program.
2. Students with more than **6 absences per semester** could be dismissed from the program.
3. Students may appeal the decision for dismissal.

DISTRICT RESPONSIBILITIES

1. Missouri Option Program will be explained to the student and parent/guardian.
2. As part of Missouri's Comprehensive Guidance Program, every student will have a career plan that includes activities necessary for work toward an identifiable goal, career, or occupation. The Missouri Option Program will be listed as one of those activities that would enable students to attain their goals. In a manner consistent with the provisions of the Missouri School Improvement Program, the school district/eligible agency will maintain the students' career plan for the Missouri Option Program.
3. Students in the Missouri Option Program will be provided guidance and counseling services consistent with the high school program. Ongoing academic/career advisement will be provided by the Missouri Option Program instructor(s), with supplemental guidance and counseling provided, as needed.
4. Counseling records for Missouri Option Program students will be maintained by each participating school district/eligible agency in a manner comparable to other student records.
5. Missouri Option Program participants will have access to all educational programs and services available in the school district/eligible agency.
6. Data required by the Missouri Option Program will be collected.

MISSOURI OPTION STAFF

ADIMINSTRATORS: Mr. John Daniels, Principal
Cooper Tucker, Assistant Principal
Matt Deaton, Assistant Principal/Athletic Director

INSTRUCTOR: Zeb Hammond, Teacher

COUNSELORS: Lisa Queen, Senior Counselor
Ginger Schutte, Sophomore M-Z and Junior Counselor
Charli Herrell, Sophomore A-L and Freshmen Counselor

ADDRESS: 815 Amvets Drive
De Soto, Missouri 63020

MAIN OFFICE: (636)586-1085
MAIN OFFICE FAX: (636)586-1059

COUNSELING CENTER: (636)586-1060
COUNSELING CENTER FAX: (636)586-1061

MO OPTION DIRECT LINE: (636)586-1056

MISSOURI OPTION PROGRAM

CONSENT FORM

I, _____, understand that by completing all requirements agreed upon by the State of Missouri and De Soto Public Schools, I will be eligible to receive a diploma from De Soto High School through the Missouri Option Program

I understand that my transcript will be marked as completing the Missouri Option Program.

I understand that I will work with the counseling department to develop a career plan and I will be expected to participate in grade level EOC state assessments.

I attest that I have been made aware of the requirements and expectations and understand them.

I am also aware of reasons which would cause me removal from the program. It is understood that I may return to regular educational services at any time, so long as I meet requirements of the State of Missouri and De Soto Senior High School.

(Parent/Guardian if student is not 18)

(Date)

(Student)

(Date)

Office Use Only:

Date Received: _____

Received By: _____

MISSOURI OPTION PROGRAM

APPLICATION FORM

Today's Date: _____ Sex: Male or Female (Circle One)

Last Name: _____ First Name: _____ Middle: _____

Address: _____

Parent/Guardian Name: _____

Date of Birth: _____ Age _____ S.S.# _____

Last School Attended: _____ Address: _____

City, State, Zip: _____ Phone: _____

Do you have an IEP or 504 Plan? _____ Yes _____ No Race (Optional): _____

Are you currently employed? _____ Yes _____ No

If yes, where? _____

Employer's Address: _____

Phone Number: _____ Supervisor's Name: _____

Office Use Only:

Home District: _____ Current High School Credits: _____

Date Last Attended or Drop Date: _____ Current Grade Level: _____

Date Received: _____ Received By: _____

****Please attach a copy of your current high school transcript.**

MISSOURI OPTION PROGRAM

APPLICATION FORM

Student, please complete the following questions. Answer each question completely and LEGIBLY.

1. Why do you feel you are a good candidate for the Missouri Option Program?

2. What difficulties have you experienced in school in the past that has stopped you from succeeding?

3. Why did you enroll in the Missouri Option Program as opposed to getting your GED?

4. What do you feel are your strengths and weaknesses?

5. Employment/Volunteer Hours are a requirement of the Missouri Option Program. Please explain how you plan to fulfill this requirement.

MISSOURI OPTION PROGRAM

CONTRACT FORM

Name of Student: _____

Cohort Year: _____

ACADEMIC EXPECTATIONS

I understand that to earn a diploma, I must choose to meet or exceed the following expectations:

- Meet with the staff for academic instruction for no less than 15 hours per week.
- Successfully complete the five HiSet academic course materials.
- Pass U.S. and Missouri Constitution Tests.
- Pass the American Government, Personal Finance, and Health class.
- All time missed must be made up before the end of each quarter for retention in the program.
- Be responsible, follow ALL instructions, have a good working relationship with others and respect constructive criticism from others.
- Participate in recommended individual counseling activities.
- Work with the staff to solve any problems.
- Abide by all academic expectations as described in the handbook.
- Successfully complete the following End of Course assessments: Algebra 1 or 2 as appropriate, English 2, Biology, and Government.
- Must have a job/volunteer work that employs you a minimum of 15 hours a week.
- Must submit at least **30 work/volunteer hours every two weeks** to the instructor from the day you enter the program until the completion of the program. Once classroom work is finished and HiSet test is passed, work hours will jump to 30 hours a week.

I understand my course work will begin on _____.
Month/Day/Year

CITIZENSHIP NORMS

I understand that to receive credit, I must choose to observe the following behavioral norms:

- Respect for others, personal property and school property.
- Classroom readiness: Be on time and have the necessary materials needed to work/learn.
- Time on task: Work on course material and not disrupt the learning process for others.
- Comply with District Policies and Procedures.
- Abide by all citizenship expectations as described in handbook.
- Read and follow all information in the handbook.
- If I choose NOT to conform to the norms of the Missouri Option Program I will be sent home.

If at any time you choose not to honor/complete the above contract you will be removed from the program.

MISSOURI OPTION PROGRAM

CONTRACT FORM (Cont.)

I agree to reinforce the academic expectations and citizenship norms, as well as:

- I understand that I am required to have a State of Missouri issued ID to take the HiSet test.
- I understand that the HiSet test is not a valid test if I do not complete the Missouri Option Program.
- I understand that I will not be allowed to graduate any earlier than my cohort group/graduating class.
- I understand that I must remain a full-time student until the end of this school year.
- I understand that I am not eligible to participate in high school extracurricular activities under the rules of the Missouri State High School Activities Association.
- I understand that participation in the Missouri Options graduation ceremony is optional provided I have met all graduation requirements set forth by the De Soto Board of Education and the State of Missouri.
- I understand that if I miss more than six days of school I could be removed from the Missouri Option Program.
- I understand that I must successfully complete all Missouri State EOC Assessments.

Student Signature _____

Parent/Guardian Signature _____

Administration Signature _____

Date _____

Counselor Signature _____

Date _____