



## Instructional Support Program Application 2019-2020 School Year

*Please complete this form if you believe your child is eligible to receive academic support within our Instructional Support Program (ISP). The ISP provides individualized interventions and/or accommodations to students in the building who have diagnosed learning differences.*

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Student's Current School: \_\_\_\_\_

If possible, please provide the name and contact information of the person from your student's school who worked to coordinate and/or administer his or her support services:

Name: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please identify which type of service/support plan is currently in place for your student. Please check all that apply.

\_\_\_\_\_ Individual Education Plan (IEP) \_\_\_\_\_ 504 Plan

\_\_\_\_\_ Private School Building Accommodation Plan (BAP) \_\_\_\_\_ Nonpublic Service Plan (NPSP)

\_\_\_\_\_ Other (please specify: \_\_\_\_\_)

Has psychological/educational testing been administered to your student within the past three (3) years to support his or her diagnoses?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please list both primary and secondary diagnoses/learning differences (Specific Learning Disability, ADHD, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Date of report: \_\_\_\_\_ Source of testing: \_\_\_\_\_

**Note:** Regardless of the date on which it was administered, please submit a copy of your student's most recent assessment scores/report with this application.

Over →

If testing documentation is not attached, please provide a rationale as to why:

---

---

---

Please list any classroom/testing accommodations that your student currently receives:

---

---

---

Any additional comments: \_\_\_\_\_

---

---

The following documentation/data will be considered by the Instructional Support Program's staff when determining which tier of instructional support is appropriate for your student: Instructional Support Application, current IEP/BAP/504 Plan, Psychological/Educational Testing, Medical Concerns, and his/her performance during the ISP Summer Session.

Parent Signature: \_\_\_\_\_

**PLEASE NOTE:** This application and all corresponding paperwork is due no later than **Thursday, March 7<sup>th</sup>**.

Please mail this application plus supporting documentation to: Instructional Support Program  
Divine Child High School  
1001 N. Silvery Lane  
Dearborn, MI 48188

OR scan this application plus supporting documents in an email to Mr. Brian Leslie: [leslieb@divinechildhighschool.org](mailto:leslieb@divinechildhighschool.org)

OR bring this application plus supporting documents to our Main Office between 7:15 am and 3:30 pm on weekdays.

1/04/19