

# ISAEP Program

Individual Student Alternative Education Plan

## Equity for All

The Individual Student Alternative Education Plan (ISAEP) Program prepares students who are at risk of dropping out of public high school to take the General Educational Development Test (GED®).



## Eligibility

A student is eligible for enrollment in the ISAEP program if they meet the following requirements:

- Is currently enrolled in Alexandria City High School (ACHS)
- Is at least 16 years old & Is at risk of dropping out of school
- Is at least one full year behind in credits
- Must have passed 8th grade SOL Reading test and/or 970 Lexile or MAP Score of 234
- Must agree to take the GED® test
- Enrollment is voluntary, written consent from parent/guardian req.
- Parent Meeting Required after enrollment testing & prior to approval

A valid government issued ID with a picture required for GED testing

## Location & Time

Classes will be held at the Adult Learning Center, Braddock Place Campus, 7th Floor, Monday—Friday 8:30 a.m. to 12:30 p.m. Students must attend at least 15 hours per week.

# ISAEP Program Referral

(Please complete all information fields prior to submitting this form)



Date of Application \_\_\_\_\_

Cohort Year/Grad \_\_\_\_\_

## Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Telephone number \_\_\_\_\_

## Parent/Guardian Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone number \_\_\_\_\_ Other Telephone number \_\_\_\_\_ Email \_\_\_\_\_

## Current Student Record (Transcript & testing records must be attached)

School Location:  ACHS Main  ACHS Satellite  Chance For Change (CFC)  Expelled/Long-Term Suspended  
Counselor/Social Worker: \_\_\_\_\_ Highest Grade Level Completed: \_\_\_\_\_ # of High School Credits Earned: \_\_\_\_\_

Transcript & testing records enclosed  Yes  No (Referral not eligible for submission) 8th Grade Reading SOL Passed  Yes  No

Has student received any of the following services? (please respond to each item)

Child Study  Yes  No **504**  Yes  No **School-Based Interventions**  Yes  No  
IEP  Yes  No **ESL**  Yes  No **Court Services**  Yes  No

If Yes, name of P.O. or other court-appointed officer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Reason for drop out risk (please attach additional paper as needed): \_\_\_\_\_

## Enrollment Requirements (For ALC Use Only)

### Pre-Test Scores

GED Ready™ Reading/Language Arts: \_\_\_\_\_ Date: \_\_\_\_\_

GED Ready™ Social Studies: \_\_\_\_\_ Date: \_\_\_\_\_

GED Ready™ Science: \_\_\_\_\_ Date: \_\_\_\_\_

GED Ready™ Mathematics: \_\_\_\_\_ Date: \_\_\_\_\_

GED Profile Email: \_\_\_\_\_ Password: \_\_\_\_\_

### Final Steps

Parent/Student Meeting Held: \_\_\_\_\_

Date: \_\_\_\_\_

PM Initials: \_\_\_\_\_

Student Withdrawal Form Submitted: \_\_\_\_\_

Date: \_\_\_\_\_

PM Initials: \_\_\_\_\_

Approved  Not Approved Reason: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Date: \_\_\_\_\_