



DCHS Instructional Support Program Application 2023-24 School Year

Please complete this form if you believe your child is eligible to receive academic support within our Instructional Support Program (ISP). The DCIS ISP provides individualized interventions and/or accommodations to students with diagnosed learning differences and considers each student's application carefully. Each student enrolled in the ISP is required to attend a summer session in early August to prepare for the school year.

Note: Each applicant must submit a copy of the most recent diagnostic assessment(s) relating to their diagnosed learning need(s) and candidacy for the ISP. Submit the most recent, regardless of the date.

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 your child's support services:

Name: _____

Phone: _____ Email: _____

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

_____ Individual Education Plan (IEP) _____ Private School Building Accommodation Plan (BAP)

_____ 504 Plan _____ Nonpublic Service Plan (NPSP)

_____ Other (please specify): _____

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

Date of diagnostic report: _____ Source of testing: _____

If testing documentation is not attached, please provide an explanation as to why:

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

Any additional comments: _____

Please provide copies of the following documentation/data that will be considered by the Instructional Support Program's staff when determining your child's admission status and which individualized supports will be necessary.

- Instructional Support Application
- Current IEP/NPSP/BAP/504 Plan
- Results of academic achievement testing and cognitive achievement testing
- Medical concerns

In signing below, I acknowledge my understanding of the following:

- Enrollment in the ISP is dependent on the program's overall capacity limitations and the ability to meet a student's individual needs.
- Enrollment in the ISP requires students to participate in an August enrichment course, prior to the start of the school year, that focuses on high school orientation and necessary success skill development.
- In providing the name of the educational contact at my child's current school, I consent for them to be contacted for additional information about my child's needs, if further information is needed.

Parent/Guardian Name(s):

Parent/Guardian Signature(s):

Please send this application plus supporting documents to our ISP Email:

Email: isp@divinechildhighschool.org (in the subject line, please list: ISP application + your child's name)

Mail: Divine Child High School, Attn: ISP, 1001 N. Silvery, Dearborn MI 48128

In Person: You may drop off these materials to the High School Main Office. Please submit all items by **February 16, 2023.**