



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 ISP provides individualized interventions and/or accommodations to students in the building who have diagnosed learning differences and, as a result, receive individualized learning supports.

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) _____ Private School Building Accommodation Plan (BAP)

_____ 504 Plan _____ Nonpublic Service Plan (NPSP)

_____ Other (please specify): _____

Has testing of academic achievement and/or cognitive achievement 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: _____

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

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/NPSP/BAP/504 Plan,
- Results of academic achievement testing and cognitive achievement testing,
- Medical concerns, and
- Enrollment in ISP is dependent on the program's overall capacity limitations and the ability to meet a student's individual needs.

Parent Signature(s): _____

Please mail this application plus supporting documents by Friday, March 24 to:

Instructional Support Program
Divine Child Elementary School
25001 Herbert Weier Dr.
Dearborn, MI 48128

OR scan this application plus supporting documents in an email to Mrs. Dawn Lagerstrom

lagerstromd@dces.info (in the subject line, please list: ISP application + your child's name)