



**WORK-BASED LEARNING  
DISTRICT RESPONSE FORM**

TO: District Home School Counselor  
FROM: Randi O'Moore, Barry Tech Work Experience Teacher-Coordinator  
SUBJECT: The Career & Technical Ed Teacher has recommended the student named below for the indicated work-based learning:  
( ) Cooperative Education Program OR ( ) Internship

**Your student has met Barry Tech work based learning eligibility criteria. Career and Technical Education program curriculum requirements based on New York State learning and industry standards are in the process of being achieved by your student.**

Your input is requested to determine home school student eligibility. Please complete and return the following form. Should you have any questions, you may contact me at the number listed below.

<b>DATE:</b>	
<b>STUDENT NAME:</b>	
<b>Barry Tech PROGRAM:</b>	

This will confirm that this student meets the criteria that I have checked below:

\_\_\_\_\_Is expected to meet academic requirements for graduation in June, 202\_.

\_\_\_\_\_Has not exceeded three unexcused absences at home school, in the previous quarter.

Optional Additional Comment:

\_\_\_\_\_

**Sincerely,**

**Name: (Print)** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **District Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN THIS FORM TO: Mrs. Randi O'Moore, Work Experience Teacher-Coordinator**  
**P: 516-622-6887, Fax 516-622-6851**  
[romoore@nasbores.org](mailto:romoore@nasbores.org)