DOUGLAS
EDUCATION SERVICE DISTRICT
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HOME SCHOOL
REQUEST FOR GED Option Program

Forward this completed form to:

Kim Rencher, Home School Dept.
Douglas ESD
1409 NE Diamond Lake Blvd,
Roseburg, OR 97470
541-440-4754 HomeSchool@douglasesd.k12.or.us

Please allow 7-10 business day for processing.

Today's Date: _____ Student's date of birth: _____

Student's full name: _____

Last school year the student is/was enrolled in home school: _____

Parent's / Guardian's full name: _____

Phone number: _____ Current mailing address: _____

_____

PO Box or Street City State Zip Code

Required forms for GED Options Program:

- ☐ GED Option Program Parent Assurance Form
  - Including a copy of either a nationally-normed test, the Oregon Statewide Assessment or NWEA Assessment demonstrating an independent reading level at the eighth grade level.
- ☐ GED Option parent letter stating most appropriate option at this time for child
- ☐ GED Option process form. I have read and understand the requirements

Parent's / Guardian's Signature _____

or

Eligible Student's Signature (18 years or older) _____

Date _____

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GED Option Program
DESD/Parent Assurance

Parent Assurances:

Parent Name _____ Student's Name _____

Telephone Number _____ Student's SSN _____

Mailing Address _____
PO Box/Street City State Zip Code

Student Requirements:

I/We verify that the above-named student:

- ☐ is at least 16 years of age. Date of Birth _____
- ☐ demonstrates an independent reading level (in English or Spanish) at the eighth grade level or above on the Reading component of either a nationally-normed test, the Oregon Statewide Assessment or NWEA Assessment. (A copy of these test scores must be submitted with this assurance as proof of reading level.)
- ☐ has determined the GED option to be the most appropriate available at this time.
- ☐ has completed the appropriate home-school testing as stated in OAR 581-021-0025(5), if applicable.

Please indicate your relationship to the student listed above:

_____ Parent
_____ Legal Guardian: ○ legal documentation attached ◉ legal documentation on file at DESD

Parent's / Guardian's Signature _____ **Date** _____

Student Signature _____ **Date** _____

DESD Verification of Home School Registration

The above-named parent/guardian has notified the Douglas ESD of his/her intent to home school.

Date notice of intent received: _____

DESD Home School Representative: _____ Date: _____

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1409 NE Diamond Lake Blvd | ROSEBURG, OR 97470 | OFFICE 541.440.4754 | FAX 541.440.4771
HomeSchool@douglasesd.k12.or.us

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Process for Home School Students Pursuing a GED

GED Testing

1. Parent/Guardian sends a request to Douglas ESD requesting their student participate in GED testing.
2. Douglas ESD sends parent/guardian a DESD/Parent Assurance Form to complete. Parent will need to provide the following documentation on the Assurance Form.
    a. Test scores in reading indicating a reading level at or above the 8th grade level. This can be documented from one of the approved nationally normed tests, the Oregon Statewide Assessment in Reading and Literature or Northwest Evaluation Association Assessment.
3. Parent/Guardian returns completed DESD/Parent Assurance Form to the Douglas ESD with a copy of the test scores indicated above. Upon approval, the DESD will send parent/guardian the following documents:
    a. Douglas ESD GED Authorization Letter
    b. GED Testing Authorization Form
    c. Copy of completed DESD/Parent Assurance Form, signed by Douglas ESD representative
4. Parent/Guardian takes appropriate forms to GED Test Center.
5. Student participates in GED testing.

GED Test Completed

1. When results from GED tests are available, the parent/guardian shares this information with DESD.
2. Upon successful completion of ALL GED testing, student may be withdrawn from home school. When parent/guardian provides DESD with notification that the student has completed the requirements to achieve a GED certificate, DESD will send parent/guardian a status letter stating the student has been released from home school.

1871 NE STEPHENS STREET | ROSEBURG, OR 97470 | OFFICE 541.440.4777 | FAX 541.440.4771
www.douglasesd.k12.or.us

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Date: _____

To whom it may concern:

I/We, _____, feel it is of our son/daughter's best interest to participate in the GED Options Program.

_____ _____ _____ _____

Student First Name MI Legal Last Name Date of Birth

Sincerely,

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