



## Instructional Support Program Application | 2025-26 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.)

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Date of report: \_\_\_\_\_ Source of testing: \_\_\_\_\_

**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:

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

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Any additional comments: \_\_\_\_\_

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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,
- and, Medical concerns

Parent Signature(s): \_\_\_\_\_

Please mail this application plus supporting documents by Friday, April 1, 2026 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](mailto:lagerstromd@dces.info) (in the subject line, please list: ISP application + your child's name)