DIVINE CHILD HIGH SCHOOL

# DCHS Instructional Support Program Application
## 2026-27 School Year

Please complete this form if you believe your child is eligible to receive academic support within our Instructional Support Program (ISP). The DCHS 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. All diagnostic documentation must have taken place within the last three years. Lastly, please submit your student's current Building Accommodation Plan.**

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.
- **Eligibility for the ISP depends on documented academic needs rather than a diagnosis alone.**
- 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 all supporting documents to the DCHS Instructional Support Program:

**BY EMAIL:** isp@divinechildhighschool.org
In the subject line, please indicate the following: "26-27 ISP application + *your child's name*")

**BY MAIL:** Divine Child High School, Attn: ISP, 1001 N. Silvery Lane, Dearborn, MI 48128

**IN PERSON:** You may drop off these materials to the High School Main Office.

All applications and materials MUST be submitted by **March 13, 2026.**