



## Ashland Connect Application and Interest Form

Ashland Connect is a growing hybrid learning program in the Ashland School District. Our program offers flexibility to students and families who are looking for something different in their educational journey. The online portion of our hybrid program offers classes that are user-friendly and standards-based. Certified teachers offer full support and do all grading and planning for families, as well as offer feedback, tutoring, and more. We have a spectrum of support and courses offered, from a hybrid model to full online work at home with meetings by zoom.

Our lead program teacher, meets with families weekly on zoom to check on progress, offer support, answer questions, and facilitate the learning journey. Students in Ashland Connect complete district assessments to help set goals and identify areas of need.

Ashland Connect might be a great fit for your child if:

- Your family has a support system in place at home to help your student
- Your child is a self-starter and has time-management skills
- You can commit to weekly check ins via zoom
- Your child would like a smaller dose of in-person learning and social connections
- You can commit to our Partnership Agreement
- Your family needs an alternative to traditional brick and mortar school due to health, travel, family needs, or other unique circumstances
- You have access to a strong and reliable Wi-Fi connection

Today's Date \_\_\_\_\_ Application received by \_\_\_\_\_

Student Name \_\_\_\_\_ M\_\_ F\_\_ Non-Binary\_\_\_\_

Grade in Fall of \_\_\_\_\_ school year \_\_\_\_\_ Birth date \_\_\_\_\_

Current School \_\_\_\_\_

Reason for leaving current school \_\_\_\_\_

Does your child require special services? Yes \_\_\_ No \_\_\_ IEP \_\_\_ 504 \_\_\_

TAG \_\_\_ ELL \_\_\_ Other \_\_\_\_\_

Student Name \_\_\_\_\_ M\_\_ F\_\_ Non-Binary\_\_\_\_

Grade in Fall of \_\_\_\_\_ school year \_\_\_\_\_ Birth date \_\_\_\_\_

Current School \_\_\_\_\_

Reason for leaving current school \_\_\_\_\_

Does your child require special services? Yes \_\_\_ No \_\_\_ IEP \_\_\_ 504 \_\_\_

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Student Name \_\_\_\_\_ M\_\_ F\_\_ Non-Binary\_\_\_\_

Grade in Fall of \_\_\_\_\_ school year \_\_\_\_\_ Birth date \_\_\_\_\_

Current School \_\_\_\_\_

Reason for leaving current school \_\_\_\_\_

Does your child require special services? Yes \_\_\_ No \_\_\_ IEP \_\_\_ 504 \_\_\_

TAG \_\_\_ ELL \_\_\_ Other \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Home Address where you and student reside

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Please describe why you would like to enroll your child at Ashland Connect

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Student strengths and interests

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Please share any challenges/needs or other important information

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Do you live in Ashland or have you been approved for a transfer? \_\_\_\_\_

Do you need a district device checked out to use? \_\_\_\_\_

Have you previously checked out a district device from Ashland SD? \_\_\_\_\_

Please let us how you would like to participate in our program:

\_\_\_\_\_ In person 2-3 times weekly for scheduled academic support, lunch and recess, and field trips

\_\_\_\_\_ In-person for academic support only

\_\_\_\_\_ In-person on occasion

\_\_\_\_\_ Online only, no in-person

How much support can you offer your child at home?

\_\_\_\_\_ Unlimited support; I will be available to my child all day for help

\_\_\_\_\_ Part-time support; I work from home or have other requirements and can be available to my child sometimes during the day

\_\_\_\_\_ I am not available to my child during the day, but they have a different learning coach who will be available. Name and contact info \_\_\_\_\_

Other (please explain)  
\_\_\_\_\_

Thank you for sharing this information. Please return this application to the front office or email to [helen.cleary@ashland.k12.or.us](mailto:helen.cleary@ashland.k12.or.us). Our team will review your application and be in touch soon. Next steps include application review, determination of enrollment, and a start date which will be shared with you soon.

# Ashland Connect Learning Partnership Agreement

After reading through this page please initial each line, sign the bottom, and return this page to the front office, or email it to [helen.cleary@ashland.k12.or.us](mailto:helen.cleary@ashland.k12.or.us)

As the learning coach of my child, I agree to the following:

\_\_\_ To support my child in their educational journey at Ashland Connect. This includes, but is not limited to:

- Staying up to date on their progress daily/weekly and helping hold them accountable for completing work daily. A student who falls behind more than 2 weeks (10-15%) in any subject may need to have a support meeting with the principal and their learning coach, depending on the circumstances of each individual student.
- Referring to **emails** for relevant and important information regarding my child's education
- Ensuring my child has a quiet, and distraction free area to complete work daily
- Communicating with my child about their school work, expectations, requirements, and showing an interest in what they are learning to discover any extra support that may be needed

\_\_\_ To bring my child to the school during the times our teacher requests for the required district-wide assessments and other academic activities multiple times per year\* (special circumstances are honored)

- iReady assessments for math and reading
- Easy CBM for reading fluency
- Smarter Balanced state testing (as applicable)
- Intervention small group lessons (as needed)
- As applicable, in-person learning opportunities that are recommended

\_\_\_ To help be responsible for my child's attendance, including logging in to school work daily, staying caught up in all classes, and seeking help when needed.

\_\_\_ To attend regular check in meetings with the Ashland Connect lead teacher. I understand two consecutively missed meetings with no communication to the teacher may result in a support meeting with the principal.

\_\_\_ Once classes begin, to commit to Ashland Connect for a full term (semester) without transferring to Ashland school. Any transfer of my student midterm out of Ashland Connect will be subject to determination by the principal and teacher, and only for extenuating circumstances.

Student Name and Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (Print and Sign) \_\_\_\_\_