

Dauphin County Technical School
Student Application
Guidance Packet

Deadline for submission to Dauphin County Technical School to have priority consideration is January 10. All other applications will be dated and placed on hold for consideration on a later date.

Student Name _____ Today's Date _____
Home District _____ Grade Applying for _____
Current School Attending _____ Registered at sending district? Y__ N__

Student Application Packet

(Please check only one square below indicating the type of completed application that is attached.)

- 9th Grade Application
- 10-12 Grade Application
- Re-admittance Grade 10-12
- Vocational Transfer Application
- Seniors Only Program

A complete application packet consists of the following, including all necessary attachments:

- _____ Student Application Cover Sheet
 - _____ 9th Grade Exploratory Program Selection Sheet
 - _____ Student Transfer Policy
 - _____ Parental Registration Statement
 - _____ Career Exploration Interview page
 - _____ Teacher/Team Recommendation page
- _____ Guidance Assessment Form
- _____ Special Education Form (if applicable)
 - _____ Most Current IEP and ER
- _____ 504 Plan
- _____ Current Report Card
- _____ Transcripts (grades 10-12)
- _____ Standardized Test Scores
- _____ PSSA Scores (grades 6, 7 and 8)
- _____ 4Sight Score (Spring grade 8)
- _____ Attendance Records
- _____ Discipline Records
- _____ Immunization Record
- _____ Tuition District Approval Letter

The student application packet attached is complete and the above student has my approval to begin the selection process for admission to the Dauphin County Technical School

Principal of Consortium (print)

(Signature)

School _____

Guidance Counselor Assessment Form

Name _____ Present Grade _____ Birthday Verification _____
(Last) (First) (M.I.)

Days absent in Grade 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ PA SECURE ID# _____

Please attach any disciplinary issues your school has had with this student.

Please indicate here if there are "No Infractions". _____

Attitude toward school: (please circle one)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Has the student ever been retained? Yes _____ No _____ If Yes, what grade(s) _____

Grade this Marking Period (*cumulative to date*) _____

English _____ Social Studies _____ Science _____ Other _____

Math _____ Algebra _____ Pre-Algebra _____ Other _____

Industrial Arts _____ Typing _____ Art _____ Other _____

Standardized Test results: _____

Is the student presently in Compensatory or Remedial?

Math Yes _____ No _____

Reading Yes _____ No _____

Comments: _____

Does the student receive special education services? Yes _____ No _____

Does the student have a 504 plan? Yes _____ No _____

Has the student ever been through the child find process? Yes _____ No _____

Does the student receive ELL services? Yes _____ No _____

Guidance Counselor _____
(Print name) (Signature) (Telephone number and ext.)

Note any medical problems: _____
(to be completed by nurse)

Summary of Special Education Documents

Name _____ Grade _____ School _____

ER/RR Date _____

IEP Date _____

This application is for a student applying for (check one):

Grade 9 Exploratory Program

1st Choice Cluster _____ 2nd Choice Cluster _____

Seniors Only Program

Grade 10-12 admission into a Vocational Program. Indicate 1st and 2nd choice below

1st Choice _____ 2nd Choice _____

Primary Disability _____ Secondary Disability _____

Area of Disability _____

IQ Test _____ Date _____ VIQ _____ Full IQ _____

Grades: English _____ Math _____ Science _____ Social Studies _____

PRESENT LEVELS

Academic: Reading - Decoding _____ Comprehension _____

Math _____ Written Expression _____

Behavioral/Social:

Discipline: _____

Attendance: _____

Strengths: _____

Needs: _____

Special Designed Instruction: _____

Learning Support _____ Emotional Support _____ Level of Service _____

Reg. Ed. English _____ Math _____ Science _____ Social Studies _____

Inclusion English _____ Math _____ Science _____ Social Studies _____

Direct Instn. English _____ Math _____ Science _____ Social Studies _____

Related Services _____ Case Manager _____

***Please include current IEP and ER/RR and original Psychological or Evaluation diagnosing disability.**

Case Manager: _____