

Reference: IHBI

**NASHUA SCHOOL DISTRICT**

**Alternative Learning Plan**

REQUIRED INFORMATION	ENTER INFORMATION BELOW
<b>Student:</b>	
<b>SASID:</b>	
<b>DOB:</b>	
<b>Originating School:</b>	
<b>Current Grade Level:</b>	
<b>Student Residential Address:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>School Counselor:</b>	
<b>Other Existing Plans: IEP, 504, CHAT, etc.</b>	
<b>Key contact people connected with plan:</b>	
<b>Attach Transcript</b>	
<b>Attach Attendance Report</b>	
<b>Start Date:</b>	

**DESCRIPTION OF PLAN:**

**QUARTERLY UPDATE:**

**\*\*\*FULL-TIME STUDENT**

A student taking four (4) Nashua High School-approved courses each semester for a minimum of the last two years of continuous attendance before graduation will be considered a full-time student and will receive a class rank. Exceptions to this rule may be pre-approved by the Superintendent or designee. Students will receive a preliminary class rank at the end of each year. A student/parent will be notified in writing when there is a change in the student’s full-time status. Grade Point Averages are calculated and class rank established at the end of each semester starting second semester of freshman year. Home-schooled, foreign-exchange, and other non-full-time students will not be calculated in the determination of class rank.

See policies IKF, IMBC and IMBC-R

**\*\*\*RELEASE TO SHARE INFORMATION**

By signing this form, I authorize a representative(s) from the Nashua School District to communicate and share information and records with any individual and/or organization necessary to track progress.

**SIGNATURES:**

_____	_____
<b>STUDENT</b>	<b>DATE</b>
_____	_____
<b>PARENT/GUARDIAN</b>	<b>DATE</b>
_____	_____
<b>CASE MANAGER</b>	<b>DATE</b>
_____	_____
<b>SCHOOL COUNSELOR</b>	<b>DATE</b>
_____	_____
<b>ASSISTANT PRINCIPAL</b>	<b>DATE</b>
_____	_____
<b>DIRECTOR OF SCHOOL COUNSELING</b>	<b>DATE</b>
_____	_____
<b>DIRECTOR OF ADULT EDUCATION</b>	<b>DATE</b>