PASS Academic Support Plan

Deadline: March 10
Fax completed form for approval to:
SEMY **Fax: 509-836-7530**.
Questions? Call 888-727-7123

District		Building	

Submitter			
	Printed Name	Signature Date	Title
Contact Information			
	Office Phone	Cell Phone	E-mail Address

Section A – Goals and Needs

Confirmed by signature below, the above building has established an overall goal of achieving the three State PASS Standards announced by OSPI effective August 23, 2006. The building's state goals are **prioritized** as numbered here from 1 to 3 (1 being highest priority):

- ☐ 70% completion rate
- ☐ Steady progress (unit test about every 21days)
- ☐ 70% or higher average course grade

Main reason for referring students to PASS (check all that apply)	☐ Credit deficient ☐ Need more time in self-paced environment	☐ Need more individualized support ☐ Need access to EALR-aligned PASS curriculum ☐ Other:
Main reason for requesting permission waiver to enroll students in PASS (check all that apply)	☐ Less than 2.0 GPA due to (check one) ☐ mobility ☐ attendance problems ☐ no GPA as incoming student ☐ language barrier ☐ Performed poorly in previous courses but are now served in new design with adult mentoring ☐ Performed poorly in previous courses but are now motivated and committed to perform; will be held accountable ☐ Other:	

Section B - Data

Source of this data is the PASS Goal Report Card available at www.semy.org.
Insert below the PASS data for migrant students (only) in the above building as of (print date of report) _____:

1. _____ courses are still **active**. Of these, _____ units have been completed with a score >= 70%.
2. _____ courses have been **completed**. Of these, _____ credits have been earned; _____ courses have been dropped with no credit. The following students' unique situations have contributed to these drops (complete if applic., ex: if student suddenly relocates after short enrollment period):

Migrant PASS Student	Unique Situation

Section C

To achieve PASS goals, this building is modifying its PASS curriculum delivery model.
I have checked the changes being made now on page 2 of this form. (If changes not listed on page 2 are also being made, please list them below.)

Section D – Certification

I certify that program activities will be undertaken as listed above and on page 2 of this document.

_____ _____
Signature of Federal Projects Director Date

For PASS Use Only Plan approval date and initials:_____ Conditions:_____Shipment Release Date:_____