Montana Options Student Contract

Student Information

Student Name	Student Address
Parent/Guardian Name	Parent/Guardian Address
Student Phone Number	Parent/Guardian Phone Number
Student Date of Birth	Credits Earned to Date
Expected Graduation Date	Student's Last Reading Score and Grade Level Equivalent
Assessment Name (*attach score report*)	Test Date

Academic In School and Alternative Education Options

Describe the academic and alternative options available for the student
1.
2.
3.
4.
5.

Participation Requirements

Participation for (student name) _____ requires the following:	**Student Initials**
1. _____ hours in Options classes per day, and _____ hours in regular instruction. Full-time attendance until the last day all seniors must attend classes.	
2. Follow all applicable school rules and codes of conduct as described in school district program policy.	
3. Completion of a career pathways portfolio that includes a transition plan for after graduation in school district program policy.	
4. Monthly meetings with the counselor to discuss progress. Parent/guardians will attend if requested.	
5. Payment of test fees if applicable.	
6. District requirements to achieve a diploma.	
7. Obtain state issued driver's license/photo ID for testing.	
8. Other:	

Montana Options Student Contract

Successful completion of the high school equivalency test battery and fulfilling the other requirements outlined within this document will entitle the student to receive a high school diploma from _____.

College and Career Goals and Action Plan

Montana Options Student Schedule

Fall Semester	Course Relevance	Spring Semester

Course relevance should be indicated using the key below: HSE= High School Equivalency Preparation
CCR=College and Career Readiness GR= Graduation Requirement
E=Elective
WBL= Work-Based Learning

Activities after Successfully Completing High School Equivalency Testing but Before Graduation

Other Notes/Accommodation Information

If applicable, accommodations requests are to be submitted to the test vendor prior to scheduling tests (attach copy of IEP or Section 504 documentation to this student contract).

Montana Options Student Contract

Printed Names of Participants in the Montana Options Orientation Meeting

(Participants must include the student, parent or guardian, assigned school counselor, principal, at least one of the student's teachers, and the Montana Options Coordinator.)

Name	Title
	Student
	Parent/Guardian
	Classroom Teacher
	School Counselor
	Principal/Administrator
	Montana Options Coordinator

Certification

I have met with the people listed in this document and I understand that participation in the Montana Options Program is voluntary and that successful completion will allow me to receive a high school diploma from _____ and participate in the graduation ceremony with the rest of my class. I further understand that failure to comply with the expectations outlined in this document could result in dismissal from the Montana Options Program. *Alternative education plans for my future would be discussed at that point.*

Signatures	Date
Student	
Parent/Guardian	
Classroom Teacher	
School Counselor	
Principal/Administrator	
Montana Options Coordinator	