



Dauphin County Technical School
Guidance Office
6001 Locust Lane
Harrisburg, PA 17109
717-652-3170

Online Program Guidelines

Dauphin County Technical School provides students with the opportunity to earn credit in a non-traditional setting.

In addition to following the policies and guidelines stated in the *DCTS Student Handbook*, all students must adhere to the following guidelines while enrolled in the online program. This specialized program demands different rules and/or regulations from that of a traditional setting to ensure the success of the students. It is important that the following guidelines are understood completely.

Certain standards are expected of students enrolling in online courses. This contract and the online policy make both the student and the parents/guardian aware of the standards expected of students enrolling in such courses. As a student taking an online course, I am aware that:

1. **Eligibility:** All eligibility is determined by DCTS Administration through review of the *student online course application*.
2. **Grades:** Continued poor academic performance in online courses may affect your future eligibility for the program.
3. **Attendance:** Excessive absenteeism will not be tolerated. Any unexcused absence may result in dismissal from the program. "In Attendance" is defined as a student logged in to the program each day Dauphin County Technical School is in session but not necessarily during school hours. Students may log in to the program on days school is not in session to complete work for credit but not for attendance requirements. All student athletes must follow PIAA guidelines regarding attendance and Academics.
4. **Progress:** The expectation is that students will complete a minimum of 5 lessons per 7 day cycle per course, which is equivalent to 12.5% of each course.
5. **Acceptable Use Policy:** All online communication must adhere to the district's Acceptable Use Policy which includes, but is not limited to:
 - a. Students must communicate with others on a regular basis using acceptable language, appropriate messages, and proper grammar and spelling.
 - b. Student must not inappropriately use information within the course.
 - c. Students must maintain academic honesty.
 - d. Students must follow the DCTS Acceptable Use Policy and all other rules as specified by the teacher
6. **Coursework:** Students will be expected to work independently. Student and/or Parent/Guardian will be responsible for paying for the cost of the course if:
 - a. **The student does not receive at least a minimum final grade of 60% in the course.**
 - b. Student does not complete all required parts of the course.

Violations of the above guidelines will result in a referral to the program coordinator. Discipline will be addressed as outlined in the *DCTS Student Handbook*.

As a student entering the online program, I understand to maintain enrollment in the online program, there will be strict guidelines to follow in all areas of the program. These guidelines have been read and discussed with me in full. I have read and understand the contract and policies of the online program, agree to abide by the rules of this contract, and will adhere to the requirements outlined in the *DCTS Student Handbook* and the online course contract.

Student Signature _____ **Date** _____

As a parent/guardian of a student entering the online program, I understand for my child to maintain enrollment in the online program, my child will be expected to follow the guidelines for the program. These guidelines have been fully explained to me. I also understand that I will be expected to support the program by being available for parent-teacher conferences, phone calls, or meetings on my child's progress.

Parent/Guardian Name (print) _____

Parent Signature _____ **Date** _____

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

Counselor Signature _____ **Date** _____

Clint Heath; Shelly Paul; Sandie Pensiero
School Counselors



Online Course Application

2013-2014 School Year

STUDENT INFORMATION **Date Rec:
(Staff only)**

Student Name: _____ Date: _____

Home School: _____ Grade: _____

Shop: _____ ID# _____

Do you have an IEP? YES NO

Have you ever received detention? YES NO

If yes, please explain: _____

Have you ever been suspended? YES NO

If yes, please explain: _____

Why are you interested in taking an online course?

ONLINE COURSE SELECTION:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chinese I | <input type="checkbox"/> French IV |
| <input type="checkbox"/> Chinese II | <input type="checkbox"/> German I |
| <input type="checkbox"/> French I | <input type="checkbox"/> German II |
| <input type="checkbox"/> French II | <input type="checkbox"/> Japanese I |
| <input type="checkbox"/> French III | <input type="checkbox"/> Japanese II |

STUDENT ACADEMIC/ATTENDANCE INFORMATION

In general, how do you rate your ability in each of the following areas:

Time Management:

Pace yourself to Learn High Medium Low

Reading High Medium Low

Written Communication High Medium Low

Computers/Technology High Medium Low

Self-Motivation: Direct your own Individual Learning High Medium Low

Learn Independently High Medium Low

Persistent Desire to Learn & Achieve High Medium Low

Self-Advocacy: Willingness to seek own solutions to issues that arise High Medium Low

Recently what are your average grades: A's & B's B's & C's C's & D's D's & F's

Attendance/ average days missed: 0-5 days/yr 6-10 days/yr 16-20 days/yr 20+ days/yr

If 10+ days/yr, please explain: _____

Upon evaluation of this application, a School Administrator will schedule a time and date for the student to complete the *SmarterMeasure* screening device. It is understood that the results of this device will help determine the chances of success any student may have in an online program. The results of this device will weigh heavily in the decision to accept or deny any student in regards to participation in the online program.

If any portion of the above application is blank, the application will be considered incomplete and will not be reviewed. For items that do not apply, please mark N/A.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of DCTS Counselor: _____ Date: _____

Signature of Case Manager* _____ Date: _____

Signature of DCTS Principal: _____ Date: _____

This section to be completed by School Administrator

Student is scheduled to complete *SmarterMeasure* as follows:

DATE: _____ TIME: _____ LOCATION: _____

Notification to Family: _____ (DATE)

*Must be signed by Case Manager if student has an IEP