DAUPHIN COUNTY TECHNICAL SCHOOL
Guidance Office
6001 Locust Lane
Harrisburg PA   17109
717-652-3170
Fax: 717-652-2132

Online Course Application

2020-2021 School Year

STUDENT INFORMATION		Date Rec: (Staff only)	
Student Name:		Date:	
Home School:		Grade:	
Shop:		ID#	

Do you have an IEP?   ☐ YES   ☐ NO

What experience have you had with online learning? What is your plan to be successful? Please explain.
 If none, what are your expectations while taking this online course?

_____

_____

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ONLINE COURSE SELECTION:

____	French I	____	German II
____	French II	____	Spanish I (only if class is full)
____	French III	____	Spanish II (only if class is full)
____	French IV	____	Spanish III
____	German I	____	Spanish IV
____	Latin 1	____	Latin 2
____	Chinese 1	____	Chinese 2

STUDENT ACADEMIC/ATTENDANCE INFORMATION: SELF-EVALUATION

Please rate in each of the following areas:

Time Management: Student paces themselves to learn	☐ High	☐ Medium	☐ Low
Reading	☐ High	☐ Medium	☐ Low
Written Communication	☐ High	☐ Medium	☐ Low
Computers/Technology	☐ High	☐ Medium	☐ Low
Self-Motivation: Direct student's 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 student's 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)**

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