



Everett Reengagement Academy
Graduation Alliance Everett
Recommendation for Enrollment
2024-25 School Year

STEP 1 To be completed by School Counselor, Success Coordinator, School Administrator, or Case Manager.

The following student is being recommended for Graduation Alliance Everett:

Student name: _____ Student ID: _____ School: _____

Date of birth: _____ Age: _____ Student must be between 16 and 21 years old, as of September 1, 2024.

Graduation year (FGY): _____ SpEd: ☐ Yes ☐ No 504: ☐ Yes ☐ No ML: ☐ Yes ☐ No KIT: ☐ Yes ☐ No

Student is being recommended for the following reason(s):

- ☐ Student is a drop-out; last day of school the student attended was _____, withdrawal code _____.
- ☐ Student is credit deficient and has completed _____ high school credits out of the 24 credits needed to graduate. _____% of credits needed to graduate are completed to date.
- ☐ Student is being referred by a social service or juvenile justice system case manager or school case manager. Please provide additional information:

Please provide the following information:

- ☐ Student has assessment credit recovery (ACR) and/or competency-based credit (CBC).
ACR/CBC Course Code _____ Course Being Recovered _____ ACR/CBC Course Code _____ Course Being Recovered _____
- ☐ Student took world language proficiency assessment(s) for _____ in _____ SY, waiting for scores.
- ☐ Student's graduation pathway (documented in the HSBP).
ELA graduation pathway: _____ ☐ Met ☐ Not Met
Math graduation pathway: _____ ☐ Met ☐ Not Met

Recommended by: _____ Title: _____ Date: _____
(Signature of School Counselor, Success Coordinator, School Administrator, or Case Manager)

STEP 2 To be completed by School Administrator.

- ☐ I am requesting the student listed above be considered for Graduation Alliance Everett enrollment. The student's transcript has been reviewed and is attached to this form along with a completed credit check.
- ☐ I am denying the recommendation for the student listed above to be considered for Graduation Alliance Everett enrollment for the following reason: _____

Signature: _____ Date: _____
(School Administrator)

Email completed form with signatures, transcript, and completed credit check to Dr. Jeanne Willard, Executive Director of College and Career Readiness & Extended Learning Options, and Tanys Aris, District Success Coordinator. Copy to be filed in student cum file.

STEP 3 To be completed by Executive Director of College and Career Readiness & Extended Learning Options.

- ☐ Recommendation is approved.
- ☐ Recommendation is denied for the following reason: _____

Signature: _____ Date: _____
(Executive Director of College and Career Readiness & Extended Learning Options)