

# HiSET 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          | Test Date   |

## Academic Options

|   |
|---|
| Describe the academic options available for the student (i.e., 5 <sup>th</sup> year, Summer School, MTDA, etc.) |
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |

## Participation Requirements

|   |                         |
|---|-------------------------|
| Participation for (student name) _____ requires the following:  | <b>Student Initials</b> |
| 1. Three (3) hours in HiSET 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 HiSET test fees (\$75 plus test center fee if applicable).  |                         |
| 6. District requirements to achieve a diploma.  |                         |
| 7. Obtain state issued driver's license/photo ID for testing.   |                         |
| 8. Other:   |                         |

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\*If the student has a disability, attach a signed copy of the Individual Education Plan or 504.

Successful completion of the HiSET test battery and fulfilling the other requirements outlined within this document will entitle the student to receive a high school diploma from \_\_\_\_\_ Public Schools.

## Post Graduation Goals (Transition Plan)

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## Activities to Support Ongoing Academic Activities and the Transition Plan

| Fall Semester | Course<br>Relevance | Spring Semester |
|---------------|---------------------|-----------------|
|               |                     |                 |
|               |                     |                 |
|               |                     |                 |
|               |                     |                 |
|               |                     |                 |
|               |                     |                 |
|               |                     |                 |
|               |                     |                 |

TP= Transition Plan

GR= Graduation Requirement

E=Elective

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## Post HiSET Activities

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## Other Notes

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# HiSET Options Student Contract

Printed Names of Participants in the HiSET Options Permission Meeting  
(Participants must include the student, parent or guardian, assigned school counselor, principal, at least one of the student's teachers, and the HiSET Options Coordinator.)

| Name | Title                     |
|------|---------------------------|
|      | Student                   |
|      | Parent/Guardian           |
|      | Classroom Teacher         |
|      | School Counselor          |
|      | Principal/Administrator   |
|      | HiSET Options Coordinator |

## Certification

I have met with the people listed in this document and I understand that participation in the HiSET Options Program is voluntary and that successful completion will allow me to receive a high school diploma from \_\_\_\_\_ Public Schools 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 HiSET Options Program and a loss of all credit hours, and test score results achieved while enrolled. *Alternative plans for my future would be discussed at that point.*

| Signatures                | Date |
|---------------------------|------|
| Student                   |      |
| Parent/Guardian           |      |
| Classroom Teacher         |      |
| School Counselor          |      |
| Principal/Administrator   |      |
| HiSET Options Coordinator |      |