

Quarter Recovery Program: First Quarter 2018-2019

OVERVIEW:

- Who: Students who have failed a First Quarter class
- What: Online learning program to help students replace their First Quarter failing grade with a 60 percent and make up seat time
- Dates/Times: **Each school day beginning Tuesday, October 30th through Friday, November 16th from 3:50 – 5:30, with Saturday, November 10th from 8:30 – 12:00.**
- Place: Report to E-201, a computer lab will be assigned Monday-Friday, report to the Media Center on Saturday.
- Process: **Complete form with parent, obtain all signatures (student, parent, teacher and guidance counselor), and submit to F-120 office.**
- **Cost: \$60.00 (ONLY Cash or money orders to be paid in the F-120 main attendance office)**
- **Transportation: No transportation is provided**
- Attendance: Students must attend each day until they have finished the course. An absence must have a written excuse
- Due Date: The Quarter Recovery form with all signatures should be turned in to the **F-120 office by 11/2/18.**

COURSE OFFERINGS: Choose CP or Honors-level courses. (Circle the course title in which credit will be recovered.)

English	Mathematics	Science	Social Studies	World Languages
English 1 CP/H	Algebra 2 CP/H	Biology CP/H	Civics CP	Spanish 1
English 2 CP/H	Algebra 3 CP	Chemistry CP/H	Psychology CP	Spanish 2
English 3 CP/H	Geometry CP/H	Earth Science CP/H	Sociology CP	
English 4 CP/H (plus Warrior Project Requirements)	Geometry Skinny	Environmental Science CP/H	US History CP/H	
	Prob & Stats CP/H	Physics CP/H	World Geography CP/H	
	Pre-Calculus CP/H		World History H	

TEACHER SECTION: (Verify that the student needs to recover his or her First Quarter grade in your class.) _____

(PRINT LAST NAME AND INITIAL PLEASE)

PARENT/GUARDIAN SECTION: (Parent/Guardian completes the following section.)

Student Name: _____ Grade Level This Year: _____ Sex: Male Female

Last First M.I.

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Student Cell: _____ Parent Cell: _____ Parent email: _____



Wando High School Intervention

I understand the following information regarding an earned credit for QUARTER RECOVERY: The student must master the South Carolina Core Curriculum Standards for the courses in which he/she is enrolled. Successfully completing the Quarter Recovery program will allow the student to replace the failing quarter grade with a grade of 60. The student's transcript will then reflect a grade of **60** for that quarter. Students must be in attendance each day. This seat time may also count as make-up time for missed class time. Any discipline infraction may result in dismissal from the program. Upon the third discipline infraction, the student will automatically be removed from the Quarter Recovery program. **I understand that no money will be refunded if the student does not successfully complete all requirements for this Quarter Recovery program to replace his/her grade with a 60 within the allotted time period.**

Student Signature

Parent Signature

Date

Date

GUIDANCE: (Guidance counselor completes the following section.)

Does the student have a 504 or IEP: Yes No *If yes, provide a copy of **ONLY** the accommodations with this application.

Course Needed for Quarter Recovery	Course Code	Comments	Failed Grade

Please check one

Full Payment Reduced Free

Guidance counselor signature: _____ **Approval Date:** _____

FOR OFFICE USE ONLY

PAYMENT: Cost per Quarter Recovery Course = \$60.00 (**Cash or Money Order ONLY**)

Please check one

Full Payment Reduced Free Amount Paid: _____ Date Paid: _____

Wando Personnel Taking Payment and COMPLETED Application: _____ (Receipt #) _____

Entered on Quarter Recovery Spreadsheet: