Scots After School (SAS) formerly Flipside
January 27th through May 15th 2020
3:15-4:53 pm

Site lead: Leon Rogalla leon.rogalla@spps.org 651.293.8950

Registration process
- Register by Thursday January 16th to be guaranteed classes and a bus (eligible for a bus after school only if they are eligible for a bus during the regular school day)
- Rank first and second choice (on form below) for each hour on the days the student will attend
- *The Continual Learning Plan form must be signed by both the parent/guardian and the student in order to receive a schedule (see 2nd page of the application).*

Busing Schedule & Expectations
- The bus is scheduled to pick the students up from the Scots After School at 5:00 p.m.
- Bus routes may take up to an hour.
- The SAS bus stop and bus letters may be different from regular school day bus stop and letter.
- Bus Routes will be given to students on their SAS schedule.
- We expect all parents/guardians who pick up their children to pick them up by 5:00 p.m.
- Please remember to contact the school if your address changes throughout the school year. In the event of a bus incident or a bus being significantly off schedule, please call transportation personnel at 651.696.9600 for specific information.

Participation Expectations
- Regular attendance is expected. Students with three or more unexcused absences may be dropped from the program. Parents/guardians will be notified before a student is dropped from SAS.
- All school rules are enforced during the SAS program.

---

Student’s Full Name: ___________________________ Student Number: ___________________________

Foundations teacher: ___________________________

Student will ride the after-school bus  _____Yes _____No

<table>
<thead>
<tr>
<th>Monday &amp; Wednesday</th>
<th>Tuesday &amp; Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Band/Orchestra</td>
<td>__ Band/Orchestra</td>
</tr>
<tr>
<td>__ Debate</td>
<td>__ Chess Challengers</td>
</tr>
<tr>
<td>__ Knitting</td>
<td>__ Karaoke with Retro Richardson</td>
</tr>
<tr>
<td>__ Spanish Study Skills</td>
<td>__ Popcorn Reading Adventure</td>
</tr>
<tr>
<td>__ Study Skills (English)</td>
<td>__ Spanish Study Skills</td>
</tr>
<tr>
<td>__ World of Wellness</td>
<td></td>
</tr>
<tr>
<td>__ Band/Orchestra</td>
<td>__ Band/Orchestra</td>
</tr>
<tr>
<td>__ Math games/Board games and Card games</td>
<td>__ Karaoke with Retro Richardson</td>
</tr>
<tr>
<td>__ Study Skills (English)</td>
<td>__ Math games/Board games and Card games</td>
</tr>
</tbody>
</table>

Return to Mr. Rogalla (room 2403) or the main office by January 16th
Office of Teaching and Learning  
Department of Alternative Education  
900 Wair Drive  
Woodbury, MN 55125  
Phone: 651-744-6020  
Fax: 651-886-5066  
apps.org/altd

Dear Saint Paul Public Schools Family,

Our records show that your child is enrolled in a Summer Learning Program (S-Term) or Extended Day for Learning (EDL). Minnesota state law requires Saint Paul Public Schools (SPPS) to use this form, a Continual Learning Plan, to verify your child's participation and to set goals for them during the program(s). Please sign and date below.

☐ I support my child's participation in a Summer Learning or Extended Day for Learning program

Parent/Guardian Signature ___________________________ Date ___________________________

Students: Please sign and date below to show that you attended and participated in the suggested program. If you are 18 years old or older, a parent signature is not required.

Student Signature ___________________________ Date ___________________________

Continual Learning Plan for 2019-2020

Student's Last Name ___________________________ Student's First Name ___________________________

Student Number ___________________________ Grade Level ___________________________

School Site: Highland Park Middle School

This student is enrolled in ☑ Extended Day for Learning (EDL) ☐ S-Term Session # ______

STAFF USE ONLY

STAFF, please confirm your plan and goals for this student by completing, signing, and dating the form below.

1. What are the academic goal(s) and activities that will help the student be successful?
   ☐ English language development
   ☐ Credit recovery
   ☑ Additional preparation for entering 9th grade

2. As a teacher, what are your requirements for student success?
   ☐ Attendance, missing no more than two days (online courses) or three days (regular courses)
   ☑ Active classroom participation
   ☑ Successful completion of classroom activities and assessments

3. Which assessment data are you using to support the student's need for this program?
   ☐ Minnesota Comprehensive Assessment (MCA) score
   ☐ ACCESS test score (English Language Learner)
   ☐ Other academic information or assessments ___________________________

4. What will be the student's primary goal(s) and activities while attending this program?
   ☑ Academic and/or English language support
   ☑ Social emotional learning
5. How will you know if the student has been successful?
- [ ] Attendance
- [ ] Participation
- [ ] Completion of program activities

6. If any of these goals are not met during this program, how do you plan to help the student be successful in the future?
- [ ] Recommend attendance of Extended Day for Learning (EDL)
- [ ] Recommend attendance of Summer Term (S-Term)

Staff Signature ______________________ Date __________

PLEASE DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY
If CLP has no parent signature, by three more lines to obtain the signature. Give full date, type of contact (email, phone call) and employee initials.