

Cleveland Heights – University Heights  
City School District

***OPTIONS PROGRAM***  
Application Packet



2021 - 2022

Deborah S. Delisle Educational Options Center  
14780 Superior Road  
Cleveland Heights, OH 44118  
Main Office: (216) 320-2390

## ***Options Program Application Process***

### **STEP #1 – APPLICATION**

1. Student and parent/guardian must complete and sign the Options Program Student Application and Parent Referral before turning it into the School Counselor, Principal, or Social Worker.
2. HHS staff must complete the School Referral.
3. HHS staff must submit the completed application to:  
Dr. Kristie Cooper  
Options Program School Counselor  
Delisle Educational Options Center

### **STEP #2 – APPLICATION REVIEW**

1. A district team will review each application.
2. Selected candidates will be contacted by Options Program staff and invited to schedule an interview.
3. Options Program staff will interview the selected students with a parent/guardian.
4. Options Program staff will determine which students are admitted in the program.

### **STEP #3 – ADMISSION**

1. Accepted students, parents, and high school personnel are informed of the admission decision by phone. Students who are not admitted will be informed by mail. They are welcome to reapply in the next application pool.
2. Accepted students are informed of their orientation/start date.
3. Accepted students enter a two-week trial period and are monitored by the Options Program staff. Attendance is a crucial component for successful completion of the trial period.
4. Students who successfully complete the trial period will continue at Options. Meetings will be held to discuss alternatives with students who do not successfully complete the trial period.

## ***Important Application Dates/Deadlines***

### **To begin Second Quarter 2021-2022:**

Application Deadline: October 1, 2021  
Applicants Informed of Decision: October 27, 2021  
New Student Orientation/Start Date: November 1, 2021  
Trial Period: November 1 – 12, 2021

### **To begin Third Quarter 2021-2022:**

Application Deadline: December 3, 2021  
Applicants Informed of Decision: January 12, 2022  
New Student Orientation/Start Date: January 18, 2022  
Trial Period: January 18 – 28, 2022

### **To begin Fourth Quarter 2021-2022:**

Application Deadline: February 25, 2022  
Applicants Informed of Decision: March 23, 2022  
New Student Orientation/Start Date: April 4, 2022  
Trial Period: April 4 – 14, 2022

### **To begin First Quarter 2022-2023:**

Application Deadline: May 20, 2022  
Applicants Informed of Decision: June 10, 2022  
New Student Orientation/Start Date: TBD  
Trial Period: TBD

## Options Program Frequently Asked Questions

### Who should apply to the Options Program?

Some students need additional academic and social support in order to graduate. In this alternative setting, we can give them more individualized academic focus and additional social, emotional, and community supports. The purpose of the program is to provide choice and self-paced learning opportunities for students. We want to make it easy for students to do the right thing and hard for them to do the wrong thing.

The Options Program may be a good fit for students who have not experienced their greatest academic success in a traditional setting. Often these students display some of the following characteristics:

- Poor attendance
- Apathy or indifference to education
- Academic failure
- Social problems
- Ability to do the work but lacking motivation

The Options Program is not intended to serve students who:

- Are physically violent (i.e., assaults, weapons, gang related, etc.)
- Have a history of drug distribution
- Are first time 9<sup>th</sup> graders

### What curriculum is used at the Options Program?

The “blended” learning approach offers self-paced computer instruction supported by academic and support staff. Our online curriculum is provided by Edgenuity.

### What are the hours of the Options Program?

Options Program students attend school Monday through Friday. There are two sessions each day. The morning session meets from 8:30 to 10:55 a.m. and the afternoon session meets from 1:00 to 3:25 p.m. ***Students may indicate their preferred session on the application, but there is no guarantee that accepted students will be enrolled in their requested session.***

### What are the Options Program teachers like?

One of the Options Program’s Core Beliefs is, “When students understand that staff members care and genuinely have their best interest in mind, they will be receptive to what we have to

teach them.” To that end, it is a priority of the Options Program staff to establish strong relationships with students.

**Can Options Program students also take classes at Heights High School?**

No. Options Program students are not permitted to be on the Heights High School campus until after school, Monday through Friday. The only exception to this is for students who have applied and been accepted into Career Tech programs and other specialty classes (i.e. band, choir, etc.) which meet at HHS.

**Can Options Program students participate in athletics and other extracurricular activities at Heights High School?**

Yes. Options Program students may be involved in HHS athletics and other extracurricular activities if they meet the participation requirements and if all events related to the activity occur after school.

**Can a student with an Individualized Education Plan (IEP) enroll at the Options Program?**

All students are encouraged to apply to the Options Program if they feel they would benefit from the program. Every application will be reviewed on an individual basis and students with special needs may be accepted if they can be appropriately supported at the Options Program.

**Do Options Program students receive a Heights High School diploma?**

Yes. Options Program students complete the HHS graduation requirements and receive the same diploma as students attending the traditional high school.

**Can Options Program students attend events like Prom and Graduation?**

Yes. Options Program students are encouraged to attend such events.

# Options Program

***located at the Deborah S. Delisle Educational Options Center***

## Student Application

Please print clearly.

Student Name \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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**The student should answer the following questions.**

1. Why do you want to enroll at the Options Program?
  
  
  
  
  
  
  
  
  
  
2. Please indicate which session you prefer. *This is a request only.* We are not always able to honor every student's first choice. You will receive confirmation of your session placement after you are notified of your acceptance to the program.

**AM** (8:30 – 10:55 AM) Monday – Friday \_\_\_\_\_

**PM** (1:00 – 3:25 PM) Monday – Friday \_\_\_\_\_

Why do you prefer this session?

3. What are your goals after completing high school?
  
4. Have you had any court involvement? If so, please describe. Include names of any involved case workers or probation officers.
  
  
  
  
  
  
  
  
  
  
5. Do you work? If so, where and what are your hours?
  
  
  
  
  
  
  
  
  
  
6. Do you have any medical issues about which we should be aware?
  
  
  
  
  
  
  
  
  
  
7. Do you participate in any HHS activities or athletic teams? If so, please list them.
  
  
  
  
  
  
  
  
  
  
8. Do you have any children?
  
  
  
  
  
  
  
  
  
  
9. Do you know anyone who has attended or is currently enrolled at the Options Program?  
If so, who?

10. Do you have a computer at home?

Do you have internet access at home?

## **Parent Referral**

**The parent/guardian shall complete this page.**

Do you think your child will be successful in the Options Program?

yes

no

How would the Options Program benefit your child?



I give permission for my child to attend the Options Program. I understand that this application initiates the review process and does not guarantee enrollment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## School Referral

The appropriate HHS principal, counselor, and social worker should collaboratively complete this page. If the student has an IEP, the Case Manager should also provide input.

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### Academic Summary

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Number of credits earned \_\_\_\_\_ Student's Graduation Cohort \_\_\_\_\_

*For students in the 2021 or 2022 Graduation Cohort*

OST Scores (1-5) TOTAL \_\_\_\_\_

ELA 9 \_\_\_\_\_ ELA 10 \_\_\_\_\_ Alg 1 \_\_\_\_\_ Geom \_\_\_\_\_ Am Hist \_\_\_\_\_ Govt \_\_\_\_\_ Bio \_\_\_\_\_

*For students in the 2023 Cohort and beyond*

OST Scores (scale score): ELA 10 \_\_\_\_\_ Alg 1 \_\_\_\_\_

Graduation Seals planned: \_\_\_\_\_

Graduation Seals earned: \_\_\_\_\_

If the student is in the graduation cohort, have they completed any college applications? If so, please list.

If the student is in the graduation cohort, have they completed the FAFSA (after October 1)?

Does the student have an IEP? If so, who is the case manager? Date of Last IEP Meeting:

Does the student have a 504 plan? Date of Last 504 Meeting:

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**Behavior Summary**

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Please summarize any attendance concerns. Has the student completed an AIP plan?

Have you requested a residency check on this student?

To your knowledge, does the student have any issues with alcohol or other drugs?

Please summarize the student's disciplinary record, noting any suspensions and expulsions.

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> drugs     | <input type="checkbox"/> failure to comply            | <input type="checkbox"/> truancy/cutting class |
| <input type="checkbox"/> profanity | <input type="checkbox"/> fighting/aggressive behavior | <input type="checkbox"/> other _____           |

Comments:

Please summarize any other special circumstances.

Do you support this student's application for the Options Program? If so, what makes the student a good candidate? Please use the back of the page if you require more space.

Date of most recent Student Assistance Team Meeting: \_\_\_\_\_

What targeted interventions have already been attempted with this student? Please use the back of the page if you require more space.

**Was this application initiated by the student, the parent, or HHS staff?**

Staff members completing this form:

Printed Name	Signature	Date
Counselor:		
Principal:		
Social Worker:		
Other Staff Members:		

**The Principal and Counselor are required members of the referral team. If the student is on an IEP, the Case Manager is also a required member and should be included under "Other Staff Members."**