MIAMI-DADE COUNTY PUBLIC SCHOOLS
SUCCESS MANAGEMENT ACADEMY

IMPLEMENTATION GUIDELINES

OFFICE OF POSTSECONDARY CAREER AND TECHNICAL EDUCATION

2022-2023

ADULT EDUCATION WORKS
MIAMI-DADE COUNTY PUBLIC SCHOOLS

MIAMI-DADE COUNTY PUBLIC SCHOOLS
giving our students the world

Rev. (1/2023)

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

Ms. Mari Tere Rojas, Chair
Mr. Danny Espino, Vice Chair
Mr. Roberto J. Alonso
Ms. Lucia Baez-Geller
Dr. Dorothy Bendross-Mindingall
Ms. Maria Bosque-Blanco
Mrs. Monica Colucci
Dr. Steve Gallon III
Ms. Luisa Santos

SUPERINTENDENT OF SCHOOLS

Dr. Jose L. Dotres

DEPUTYSUPERINTENDENT

Dr. John D. Pace III

ASISTANTSUPERINTENDENT

Mr. René Mantilla

ADMINISTRATIVE DIRECTOR

Mr. Reginald J. Fox

DISTRICT DIRECTOR

Dr. Susana Mauri

DISTRICT DIRECTOR

Dr. Angela E. Thomas-Dupree

EXECUTIVE DIRECTOR

Ms. Maria D. Gutierrez

CONTENT

1. Document Purpose

2. Schools Implementing the SMA Program 2022-2023

3. Program Implementation

Appendix A - Forms

Appendix B - Student Educational Plan

Appendix C - Data and Accountability

1. DOCUMENT PURPOSE

This document provides operational guidelines and best practices regarding implementation of the program: **Success Management Academy (SMA)**. This program serves under the direction of the Office of Adult and Technical Education and Division of Educational Opportunity and Access.

2. SCHOOLS IMPLEMENTING THE SMA PROGRAM 2022-2023

CURRENT SCHOOLS	
1.	Miami Coral Park Senior High School
2.	Hialeah Gardens Senior High School
3.	Hialeah Miami-Lakes Senior High School
4.	Miami Jackson Senior High School
5.	Ronald W. Reagan Doral Senior High School
6.	Miami Killian Senior High School
7.	Westland Hialeah Senior High School
8.	Miami Southridge Senior High School
9.	Hialeah Senior High School
10.	Booker T. Washington Senior High School

3. PROGRAM IMPLEMENTATION

Student Eligibility	▶ Students being referred should only be referred if this program is in their *"Best Interest"* based off current academic progress. ▶ Students eligible to enroll are 16-18 years old and will exit before turning 19 years old. (Only 19-year-old allowed to remain past birthday are those transitioning out in current trimester.) ▶ Students who have recently arrived to the United States and their primary language is Spanish. ▶ Students who have been enrolled in a high school with less than 6 semesters of ESOL. They must withdraw with a W26 in order to enroll in this GED® option.
Enrollment Procedures	▶ High School and Adult Education staff collaborate to have procedures in place so that when a student meets the criteria, they are apprised of this GED® option. ▶ Parent or Guardian must approve of this option before student is registered. FM - 7705E and FM - 7705S must be completed at registration and submitted to the appropriate Region Office for approval before registration is completed. Documentation will be kept on file for a minimum of 5 years for each registered student. ▶ Best practice is to conduct Parent Night/Orientations hosted by High School and Adult Ed. Principal describing the program and its benefits.
Focus of Curriculum	▶ The SMA Program focuses on both intensive English language acquisition and the attainment of a GED in Spanish. The program will be delivered implementing research-based instructional strategies and resources. For the delivery of the ESOL component, participating schools will be deploying the Futures textbook series and related materials. Moreover, Burlington English, a computer assisted instruction program, will be used to supplement ESOL instruction and facilitate a blended approach targeting individual differences. The GED component will be delivered utilizing Steck Vaughn instructional materials for the GED core subjects of Mathematics, Language Arts/Reading, Science and Social Studies.
Required Forms and Documents	Appendix A - Forms ▶ Parent/Guardian and Student Agreement and Consent Form: FM - 7705E, FM - 7705S ▶ Enrollment and Registration Options Form: FM - 7706E, FM - 7706S, FM - 7706H ▶ Workforce Development Education Data Input Form: FM - 3999E, FM - 3999S, FM - 3999H ▶ Emergency Student Data Form: FM - 2733E, FM - 2733S, FM - 2733H ▶ Media Release Parental Consent Form: FM - 7489E, FM - 7489S, FM - 7489H ▶ Consent Form for Mutual Exchange of Information: FM - 2128E, FM - 2128S, FM - 2128H Appendix B - Student Educational Plan Appendix C - Data and Accountability

Appendix A
Forms

SUCCESS MANAGEMENT ACADEMY PROGRAM

Parent/Guardian and Student Agreement and Consent Form

Center: _____ Location #: _____

Success Management Academy (SMA) students are offered a unique educational opportunity. As a member of the program, students will receive intensive ESOL classes to prepare them for their college/postsecondary experiences, as well as the real world. Moreover, students will receive instruction to prepare them to pass the GED® (in Spanish).

Students and parent(s)/guardian(s), in partnership with a staff member from the Success Management Academy, as participating members of this program agree to the following:

- For the ESOL component of the program, students are expected to complete the Listening/Speaking practice activities at home, with a minimum of three to five activities per week.
- Students will maintain exemplary behavior. The Post Secondary Code of Student Conduct will always be adhered to.
- Students will not use cell phones during the instructional or lab programs.
- Students will be in their assigned seats at the start of class time.
- Late arrivals and absences need to be justified. After three tardies and/or three absences, a parent/student conference will be held to address the concerns.
- Students will respect their teachers, classmates, and all school personnel. Disrespect and bullying will not be tolerated.
- Students must be between the ages of 16 to 18 years old to participate in the program. When the student reaches 19 years of age, he/she must exit the SMA program. (Note: the student will be allowed to finish the trimester in which he/she registered for prior to turning 19 years of age.) They will be eligible to enroll in the same (or similar) program during the afternoon/evening session.
- Eligible students should not enter the program if they have been enrolled in M-DCPS for more than six semesters.
- If the student is currently enrolled in M-DCPS, and is withdrawn from the day school program to enter the GED® option directly, the proper withdrawal code of W26 should reflect in the student's record.

I, _____, parent/guardian of _____, hereby give consent for my child to enroll in the Success Management Academy (SMA) as an educational option, in lieu of enrolling in a traditional high school program. I understand that by participating in the SMA program my child will be provided intensive adult education language acquisition courses as well as GED preparation courses in Spanish with the goal of attaining a GED diploma in Spanish. I also understand the policies and procedures of the program, and agree to my child's registration in the adult education program.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

_____ _____

Region Superintendent or Designee Signature Date

☐ Check box to indicate that Region Superintendent's office has been notified and accepts placement of student.

_____

Date Notified

PROGRAMA ACADEMIA DE GESTIÓN DEL ÉXITO

Formulario de acuerdo y consentimiento de padres/tutores y estudiantes

Centro: _____ Numero de Localización: _____

La Academia de Gestión del Éxito (Success Management Academy, SMA) ofrece una oportunidad educativa única a los estudiantes. Como miembros del programa, los estudiantes recibirán clases intensivas de ESOL para prepáralos para sus experiencias universitarias/postsecundarias, así como para el mundo real. Además, los estudiantes recibirán instrucción que los preparará para aprobar el GED® (en español).

Los estudiantes y padre(s)/tutor(es), en colaboración con un miembro del personal de la Academia de Gestión del Éxito, como miembros participantes de este programa, acuerdan lo siguiente:

- Para el componente ESOL del programa, se espera que los estudiantes realicen en casa las actividades de práctica del oído / del habla, con un mínimo de tres a cinco actividades por semana.
- Los estudiantes mantendrán un comportamiento ejemplar. Siempre se seguirá el Código de Conducta Estudiantil para Secundaria.
- Los estudiantes no utilizarán teléfonos móviles durante los programas de instrucción o de laboratorio.
- Los estudiantes estarán en sus asientos asignados a la hora del inicio de la clase.
- Las llegadas tardías y las ausencias deberán ser justificadas. Después de tres llegadas tardías o ausencias, se realizará una reunión de padre de familia / estudiante para abordar las inquietudes.
- Los estudiantes respetarán a sus maestros, a sus compañeros de aula y a todo personal escolar. Las faltas de respeto y el hostigamiento no serán tolerados.
- Los estudiantes deberán tener entre 16 y 18 años para participar en el programa. Cuando el estudiante cumpla los 19 años, deberá salir del programa SMA. (Por favor, tenga en cuenta: al estudiante se le permitirá terminar el trimestre en el que se habrá matriculado antes de cumplir los 19 años.) Serán elegibles para matricular en el mismo programa (o en uno similar) para la sesión de tardes/noches.
- Los estudiantes elegibles no deberán ingresar en el programa si han estado matriculados en las M-DCPS por más de seis semestres.
- Si el estudiante actualmente está matriculado en las M-DCPS y es dado de baja del programa escolar diurno para ingresar directamente en la opción GED, el código adecuado es W26 deberá reflejarse en el expediente del estudiante.

Yo, _____, padre de familia / tutor de _____, por la presente doy consentimiento para que mi hijo sea matriculado en la SMA como opción educativa, en lugar de que sea matricularlo en un programa secundario tradicional. Comprendo que al participar en el programa SMA, a mi hijo se le proporcionarán cursos intensivos de educación para adultos de adquisición lingüística, así como, cursos de preparación para el GED en español a fines de que obtenga el diploma GED en español. También comprendo las políticas y los procedimientos del programa y acuerdo a la matrícula de mi hijo en el programa de educación para adultos.

_____ _____

Firma del estudiante Fecha

_____ _____

Firma del padre de familia Fecha

_____ _____

Firma del Superintendente de la Región o del designado Fecha

❑ Marque la casilla para indicar que la oficina del Superintendente de la Región ha sido notificada y acepta la localización del estudiante.

_____

Fecha de notificación

MIAMI-DADE COUNTY PUBLIC SCHOOLS ENROLLMENT AND REGISTRATION OPTIONS FOR STUDENTS ENTERING M-DCPS AT AGE 16 AND ABOVE

Home School: _____ Location Number: _____

Student Name: _____ Date of Birth: _____ Counselor: _____

1. ☐ **24 Credit Graduation Option (Daytime classes - Completion 4 Years)**
   - All courses aligned to Florida Standards
   - 4 Credits English Language Arts (ELA)
   - 4 Credits Mathematics (one of which must be **Algebra 1** and one of which must be **Geometry**)
   - 3 Credits Science (one of which must be **Biology**, two of which must be equally rigorous science courses)
   - 3 Credits Social Studies (World History, U.S. History, U.S. Government and Economics with Financial Literacy)
   - 1 Credit Physical Education
   - 1 Credit Performing Fine Arts
   - 8 Electives
   - 1 Online course
   - Community service project
   - State of Florida Required Assessment-Grade 10 FSA English Language Arts *
   - State of Florida Required Assessment-Algebra 1 End of Course Assessment *
   - 2.0 Un-weighted GPA

2. ☐ **18 Credit Graduation Option (Daytime classes - Completion 3-4 Years)**
   - All courses aligned to Florida Standards
   - 4 Credits English Language Arts (ELA)
   - 4 Credits Mathematics (one of which must be **Algebra 1** and one of which must be **Geometry**)
   - 3 Credits Science (one of which must be **Biology**, two of which must be equally rigorous science courses)
   - 3 Credits Social Studies (World History, U.S. History, U.S. Government and Economics with Financial Literacy)
   - 1 Credit Performing Fine Arts
   - 3 Electives
   - State of Florida Required Assessment-Grade 10 FSA English Language Arts *
   - State of Florida Required Assessment-Algebra 1 End of Course Assessment *
   - 2.0 Unweighted GPA

3. ☐ **Adult High School Completion (Afternoon/Evening classes - Completion 1-4 Years)**
   - 4 Credits English Language Arts (ELA)
   - 4 Credits Mathematics
   - 3 Credits Science
   - 3 Credits Social Studies
   - 10 Electives
   - 1 Online course
   - State of Florida Required Assessment-Grade 10 FSA English Language Arts *
   - State of Florida Required Assessment-Algebra 1 End of Course Assessment *
   - 2.0 Un-weighted GPA

4. ☐ **GED® through enrollment in Success Management Academy (Daytime classes - Completion 6 semesters - 2 years)**
   - Diagnostic testing is used to determine student's level of proficiency in reading, mathematics, and language skills.
   - Courses are individualized based on student's level of proficiency.
   - English for Speakers of Other Languages (ESOL) Instruction provided.
   - Bilingual instruction in core subjects in preparation for the GED® in Spanish (Reading, Science, Social Studies and Math)
   - Students are enrolled during regular school hours.
   - Students participate in school activities giving them the opportunity for social interaction with peers.
   - Students learn and connect with teachers who are specially trained and have first-hand knowledge of student's experience.
   - Team building activities and mentorship programs with community partners.
   - Post-secondary guidance and preparation in English and Spanish.

5. ☐ **GED® - (Day and Evening classes - Completion based on student's individual pace)**
   - Diagnostic testing is used to determine student's level of proficiency in reading, mathematics, and language skills.
   - Online courses to prepare for GED® exam in Spanish and English
   - Self-paced modules with facilitator support

Special Note: *Assessment is only administered in English; ** Completed form must be placed in the secondary student's cum, if the student selects option 1 or 2 or, in the adult student's file, if option 3, 4 or 5 is selected.

These options have been reviewed by me and any questions I had have been addressed.

_____ _____ _____ _____

Signature of Student Date Signature of Parent Date

ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE
OPCIONES DE MATRÍCULAS E INSCRIPCIONES
PARA ESTUDIANTES QUE INGRESAN EN LAS M-DCPS A LOS 16 AÑOS O POSTERIOR

Escuela de Vecindario: _____ Número del Plantel: _____

Nombre del Estudiante: _____ Fecha de Nacimiento: _____ Consejero: _____

1. ☐ **Opción de graduación con 24 Créditos (Clases diurnas - Terminación 4 años)**
   - Todos los cursos alineados a los Estándares de la Florida
   - 4 créditos en Artes del Lenguaje en Inglés (English Language Arts, ELA)
   - 4 créditos en matemáticas (uno debe ser en **Álgebra 1** y uno debe ser en **Geometría**)
   - 3 créditos en ciencias (uno de los cuales debe ser **Biología**, dos de los cuales deben ser asignaturas en ciencias igual de rigorosas)
   - 3 créditos en estudios sociales (Historia del Mundo, Historia de los EE. UU., Gobierno de los EE. UU. y Economía con Alfabetización Financiera)
   - 1 crédito en educación física
   - 1 crédito en artes escénicas o visuales
   - 8 asignaturas electivas
   - 1 asignatura en línea
   - Proyecto de servicio comunitario
   - Evaluación requerida por el Estado de la Florida - FSA en Artes del Lenguaje en Inglés (English Language Arts) de 10º grado*
   - Evaluación requerida por el Estado de la Florida - Prueba de Fin de Curso (End of Course Assessment) en Álgebra 1*
   - Promedio de calificaciones por Puntos sin valorizar de 2.0 (unweighted GPA)

2. ☐ **Opción de graduación con 18 Créditos (Clases diurnas – Terminación 3-4 años)**
   - Todos los cursos alineados a los Estándares de la Florida
   - 4 créditos en Artes del Lenguaje en Inglés (English Language Arts, ELA)
   - 4 créditos en matemáticas (uno debe ser en **Álgebra 1** y uno debe ser en **Geometría**)
   - 3 créditos en ciencias (uno de los cuales debe ser **Biología**, dos de los cuales deben ser asignaturas en ciencias igual de rigorosas)
   - 3 créditos en estudios sociales (Historia del Mundo, Historia de los EE. UU., Gobierno de los EE. UU. y Economía con Alfabetización Financiera)
   - 1 crédito en artes escénicas o visuales
   - 3 asignaturas electivas
   - Evaluación requerida por el Estado de la Florida - FSA en Artes del Lenguaje en Inglés (English Language Arts) de 10º grado*
   - Evaluación requerida por el Estado de la Florida - Prueba de Fin de Curso (End of Course Assessment) en Álgebra 1*
   - Promedio de calificaciones por Puntos sin valorizar de 2.0 (unweighted GPA)

3. ☐ **Finalización de Secundaria para Adultos (Clases por la tarde/nocturnas – Terminación 1-4 años)**
   - 4 créditos en Artes del Lenguaje en Inglés (English Language Arts, (ELA)
   - 4 créditos en matemáticas
   - 3 créditos en ciencias
   - 3 créditos en estudios sociales
   - 10 asignaturas electivas
   - 1 asignatura en línea
   - Evaluación requerida por el Estado de la Florida - FSA en Artes del Lenguaje en Inglés (English Language Arts) de 10º grado*
   - Evaluación requerida por el Estado de la Florida - Prueba de Fin de Curso (End of Course Assessment) en Álgebra 1*
   - Promedio de calificaciones por Puntos sin valorizar de 2.0 (unweighted GPA)

4. ☐ **GED® mediante matrícula en la Academia de Gestión del Éxito (Success Management Academy) (Clases diurnas - Terminación 6 semestres - 2 años)**
   - Se utiliza una evaluación de diagnóstico para determinar el nivel de competencia en lectura, matemáticas y destrezas del lenguaje.
   - Las asignaturas se individualizan según el nivel de competencia del estudiante.
   - Se ofrecen clases de Inglés para Parlantes de Otros Idiomas (English for Speakers of Other Languages, (ESOL).
   - Enseñanza bilingüe en las asignaturas principales para la preparación para la prueba GED® en español (Lectura, Ciencias, Estudios Sociales Matemáticas)
   - Se matriculan a los estudiantes durante las horas regulares de la escuela.
   - Los estudiantes participan en actividades escolares, las cuales les ofrecen la oportunidad de intercambio social con los compañeros.
   - Los estudiantes aprenden y se conectan con los maestros que están especialmente capacitados y tienen conocimientos de primera mano de la experiencia de los estudiantes.
   - Actividades de formación de equipos y programas de mentoría con socios comunitarios.
   - Consejos y preparación de post-secundaria en inglés y español.

5. ☐ **GED® – (Clases diurnas o nocturnas - Duración para terminación según el paso individual del estudiante)**
   - Se utiliza una evaluación de diagnóstico para determinar el nivel de competencia en lectura, matemáticas y destrezas del lenguaje.
   - Asignaturas en línea para la preparación para la prueba GED® en español e inglés.
   - Módulos al paso individual del estudiante con apoyo de un facilitador.

Nota especial: * La evaluación solamente se administra en inglés; ** El formulario completado debe ser archivado en el expediente del estudiante de secundaria, si el estudiante selecciona la opción 1 o 2 o, en el expediente del estudiante adulto, si se selecciona la opción 3, 4 o 5.

Estas opciones han sido revisadas por mí y cualquier pregunta que tuve ha sido aclarada.

_____ _____ _____ _____

Firma del Estudiante Fecha Firma del Padre de Familia Fecha

MIAMI-DADE COUNTY PUBLIC SCHOOLS
ENSKRIPSYON AK OPSYON ENSKRIPSYON AN POU ELÈV K AP ANTRE NAN M-DCPS NAN LAJ 16 AK PI WO

Lekòl: _____ Nimewo Location: _____

Non Elèv la: _____ Dat Nesans: _____ Konseye : _____

1. ☐ **24 Kredi Gradyasyon Opsyon (Klas Lajounen- Konplete nan 4 Ane)**
   - Tout kou ki aliyen ak Nòm Florid yo
   - 4 Kredi nan lang anglè (ELA)
   - 4 Kredi Matematik (youn nan yo dwe **Aljèb 1** ak youn nan yo dwe **Jeyometri**)
   - 3 Kredi Syans (youn nan yo dwe **Biyoloji**, de nan yo dwe egalman kou syans solid)
   - 3 Kredi Etid Sosyal (Istwa Mondyal, Istwa Etazini, Gouvènman Etazini ak Ekonomi ak alfabetizasyon finansye)
   - 1 Kredi Edikasyon Fizik
   - 1 Kredi pèfòmans Fine Arts
   - 8 kou ochwa
   - 1 Kou sou entènèt
   - Pwojè sèvis kominotè
   - Egzamen Leta nan Florid - 10yèm ane FSA nan lang anglè *
   - Evalyasyon Eta Florid la- Fen Evalyasyon pou kou Aljèb 1 *
   - 2.0 mwayèn nòt final pou tout klas yo

2. ☐ **18 Kredi Opsyon gradyasyon (Klas lajounen yo - Fini nan 3-4 Ane)**
   - Tout kou ki aliyen ak Nòm Florid yo
   - 4 Kredi nan lang anglè (ELA)
   - 4 Kredi Matematik (youn nan yo dwe **Aljèb 1** ak youn nan yo dwe **Jeyometri**)
   - 3 Kredi Syans (youn nan ki dwe **Biyoloji**, de nan ki dwe egalman kou syans solid)
   - 3 Kredi Etid Sosyal (Istwa Mondyal, Istwa Etazini, Gouvènman Etazini ak Ekonomi ak alfabetizasyon finansye)
   - 1 Kredi Pèfòmans Fine Arts
   - 3 kou ochwa
   - Egzamen Leta nan Florid - 10yèm ane FSA nan lang anglè *
   - Evalyasyon Eta Florid la- Fen Evalyasyon pou kou Aljèb 1 *
   - 2.0 mwayèn final pou tout klas yo

3. ☐ **Lekòl Segondè pou Adilt (Apremidi / Klas Aswè - Fini nan 1-4 Ane)**
   - 4 Kredi nan lang anglè (ELA)
   - 4 Kredi Matematik
   - 3 Kredi Syans
   - 3 Kredi Etid Sosyal
   - 10 Kou ochwa
   - 1 Kou sou entènèt
   - Egzamen Leta nan Florid - 10yèm ane FSA nan lang anglè *
   - Evalyasyon Eta Florid la- Fen Evalyasyon pou kou Aljèb 1 *
   - 2.0 Mwayèn final pou tout klas yo

4. ☐ **GED® atravè enskripsyon nan Siksè Jesyon Akademi (Klas Lajounen - Fini nan 6 semès - 2 Ane)**
   - Yo itilize tès dyagnostik pou detèmine nivo konpetans nan lekti, matematik, ak lang anglè.
   - Kou yo endividyèlize baze sou nivo konpetans elèv la.
   - Anglè pou moun ki pale lòt lang (ESOL) bay enstriksyon yo.
   - Enstriksyon bileng nan sijè debaz nan preparasyon pou GED® nan lang Panyòl (Lekti, Syans, Syans sosyal ak Matematik)
   - Elèv yo enskri pandan lè lekòl regilye yo.
   - Elèv yo patisipe nan aktivite lekòl yo ba yo opòtinite pou entèraksyon sosyal ak kamarad yo.
   - Elèv yo aprann epi konekte ak pwofesè ki resevwa fòmasyon espesyal epi yo gen konesans premye eksperyans elèv la.
   - Aktivite ki fèt ansanm ak pwogram mentorizasyon ak patnè kominote a.
   - Konsey apre lekol segondè ak preparasyon nan lang angle ak panyòl.

5. ☐ **GED® - (Klas lajounen ak Klas aswè –Klas sa baze sou vitès endividyèl elèv la pou fini li)pace)**
   - Yo itilize tès dyagnostik pou detèmine nivo konpetans nan lekti, matematik ak konpetans nan langaj.
   - Kou sou entènèt pou prepare pou GED® egzamen an nan lang panyòl ak anglè
   - Leson ke ou elèv ap etidye ak pwòp vitès li ak sipò fasilitatè

Remak Espesyal : * Evalyasyon yo administre sèlman nan lang anglè ; ** Fòm ki fin ranpli dwe antre nan dosye elèv segondè yo, si elèv la chwazi opsyon 1 oswa 2 oswa, nan dosye elèv adilt yo, si se opsyon 3, 4 oswa 5 ke yo chwazi.

Mwen te revise opsyon sa yo ak nenpòt kesyon mwen te poze.

_____	_____	_____	_____
Siyati Elèv la	Dat	Siyati Paran	Dat

MIAMI-DADE COUNTY PUBLIC SCHOOLS
WORKFORCE DEVELOPMENT EDUCATION
DATA INPUT FORM

School Operations (Adult/Vocational, and Community Education)

PERSONAL INFORMATION

Today's Date _____/_____/_____
Month Day Year

Last Name _____ First Name _____ Middle Name _____
(Picture I.D Required)

Social Security No. _____ Student I.D. No. _____ Phone No. ( ) _____

Date of Birth _____/_____/_____ Birthplace (Country or State) _____
Month Day Year

Address _____
Number and Street Apt. City State Zip

CITIZENSHIP STATUS (Select one) ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Non-Resident Alien ☐ Not Reported

GENDER (Select one) ☐ Female ☐ Male **ETHNICITY** (Select one) Latino or Hispanic Origin ☐ Yes ☐ No

RACE
(Select all that apply)
☐ American Indian or Alaskan Native ☐ Black or African American ☐ Hawaiian or other Pacific Islander
☐ Asian Native ☐ White

LANGUAGE (If applicable, Select Yes or No)

Yes ☐ No ☐ Is a language other than English spoken at your home?
Yes ☐ No ☐ Do you have a first language other than English?
Yes ☐ No ☐ Do you most frequently speak a language other than English?

EMERGENCY CONTACT INFORMATION

Name_____ Phone No. ( ) _____
Last First Middle

RESIDENCY (Select One) ☐ Florida resident (Live in State of Florida) County _____ (Leave blank if Miami-Dade)
☐ Non-Florida resident

Under penalty of perjury, I hereby swear or affirm that the information presented on this form is true.
X _____ (Signature)

If you do not want your directory information released without prior written consent, please check the box on the right. ☐

EDUCATION

Highest School Grade Completed (Select One)

☐ No school grades completed

☐ Completed at least part of 1st through 11th grade
Highest grade completed: _____

☐ Completed the twelfth grade, but did not attain a diploma or equivalency

☐ Earned a high school diploma - Date _____

☐ Earned a high school equivalency - Date _____

☐ Have a disability and attained a special diploma or high school certificate of attendance/completion from completing an Individual Education Plan (IEP)

Where was this level achieved? ☐ U.S. Based ☐ Not U.S. Based

☐ Completed some college, but did not earn a certificate or degree

☐ Earned a Career Certificate

☐ Earned an Associate of Applied Sciences degree

☐ Earned an Associate of Science degree

☐ Earned an Associate of Arts degree

☐ Earned a Bachelor's degree

☐ Attained beyond a Bachelor's degree

☐ Current H.S. Student / **Grade Level** _____ **ISIS ID #** _____
(9-12)

Students with special needs may be eligible for course and testing accommodations. See an adult/vocational education counselor for information and assistance.

EMPLOYMENT AND BACKGROUND

Employment Status (Select One – To be completed upon entry for each term)

☐ Employed

☐ Employed but with Notice of Termination or in transition out of military service

☐ Not Employed (looking and eligible for employment)

☐ Not in Labor Force (incarcerated, not eligible for employment, or not seeking employment)

Background (Select all that apply – To be completed upon entry for each term/semester)

☐ On Public Assistance ☐ Single Parent Are you the parent of a child within the age range of 0 – 18? ☐ Yes ☐ No

☐ Single Pregnant Woman ☐ Perceived employment barriers

☐ Previously or currently subject to any stage of the criminal justice process

☐ Low-income individual (or their dependent) employed primarily in farming currently unemployed or finding difficulty obtaining work for 12 months out of the last two years

☐ Migrant or seasonal farmworker (or their dependent) Homeless without a fixed, regular nighttime residence

☐ Homeless but staying in non-traditional housing (ex: park, abandoned building, or bus station)

☐ Child of migrants who have changed school districts in the last 3 years due to parents' seasonal employment

☐ Previously unemployed or underemployed while caring for home and family (unpaid)

☐ Previously supported by public assistance or family, and now unemployed or underemployed

☐ Parent of a child within two years of no longer receiving TANF (formerly AFDC)

☐ Unemployed dependent spouse of a member of the Armed Forces on active duty or is deceased or disabled as a result of military service

OFFICE USE ONLY

Enrollment Date _____ **Referring Agency Code(s)** _____

Program Enrollment Type (Select all that apply) ☐ ABE ☐ ESOL ☐ ASE (AHS, High School Equivalency Program) ☐ CTE ☐ GED®

ID Used for Verification of Florida Residency _____ _____ (Transfer residency codes from VERIFICATION OF FLORIDA RESIDENCY FM 7425)
ID 1 **ID 2**

Military Status _____ **LEP Status** ☐ Current (L)
Code

Student Goals_____ (See Data Input Form Office Instructions for codes)

(Counselor Use ONLY)

Ref#	Class	Days	Time	Instructor	Location

Counselor or Administrative Verification Signature **X** _____

ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE
DESARROLLO DE EDUCACIÓN DE FUERZA LABORAL
SOLICITUD DE INFORMACIÓN

Operaciones Escolares (Educación de Adultos/Vocacional y Comunitaria)

INFORMACIÓN PERSONAL

Fecha de Hoy _____/_____/_____
Mes Día Año

Apellido _____ Primer Nombre _____ Segundo Nombre _____
(Requiere Identificación con foto)

No. del Seguro Social _____ No. de Estudiante _____ Teléfono ( ) _____

Fecha de Nacimiento _____/_____/_____ Lugar de Nacimiento (País o Estado) _____
Mes Día Año

Dirección _____
Número y calle Apto. Ciudad Estado Código Postal

ESTATUS LEGAL (Escoja uno) ☐ Ciudadano EEUU ☐ Residente Legal Permanente ☐ Extranjero No-Residente ☐ No

GENERO (Escoja uno) ☐ Femenino ☐ Masculino **ETNIA** (Escoja uno) Latino u Origen Hispano ☐ Si ☐ No

RAZA (Escoja uno) ☐ Indio Americano o Nativo de Alaska ☐ Negro o Afro-Americano ☐ Hawaiano u otra isla del Pacifico ☐ Nativo de Asia ☐ Blanco

IDIOMA (Escoja Si o No)

Si ☐ No ☐ ¿Se habla otro idioma aparte del inglés en su hogar?
Si ☐ No ☐ ¿Es su idioma nativo otro aparte del inglés?
Si ☐ No ☐ ¿Ud. habla otro idioma con más frecuencia que inglés?

INFORMACIÓN DE CONTACTO EN CASO DE EMERGENCIA

Nombre_____ Teléfono ( ) _____
Apellido Primer Nombre Segundo Nombre

RESIDENCIA (Escoja uno) ☐ Residente de Florida (Vive en la Florida) Condado _____ (Dejar vacío si es Miami-Dade)
☐ No residente de la Florida

Bajo pena de perjurio, juro o afirmo que esta información es correcta.
X _____ (Firma)
Si no quiere que su información sea pública sin consentimiento previo, por favor marque a la derecha. ☐

EDUCACIÓN

Último grado escolar que termino (Escoja uno)

☐ No educación formal

☐ Terminó por lo menos parte de grados 1º hasta 11º
Último grado terminado: _____

☐ Terminó el grado 12º, pero no obtuvo diploma

☐ Recibió un diploma de secundaria – Fecha _____

☐ Recibió un diploma de equivalencia - Fecha _____

☐ Adquirió un diploma especial o certificado de asistencia por discapacidades/ terminó un Plan de Educación Individual (IEP)

☐ Hizo cursos universitarios, pero no recibió un título o certificado

☐ Recibió un Certificado Vocacional

☐ Recibió un Asociado en Ciencias Aplicadas

☐ Recibió un Asociado en Ciencias

☐ Recibió un Asociado en Artes

☐ Recibió una Licenciatura

☐ Recibió más allá de una Licenciatura

☐ Estudiante actual de secundaria / **Grado** ____ **ISIS ID #**_____
(9-12)

¿Dónde adquirió su educación? ☐ EEUU ☐ Fuera de EEUU

Los estudiantes con discapacidades pueden recibir ayuda con cursos o pruebas. Vea un consejero de adultos para información y ayuda.

EMPLEO Y EXPERIENCIA LABORAL

Condición de empleo (Escoja uno – debe ser rellenado cada trimestre)

☐ Trabajando

☐ Trabajando pero con Aviso de Terminación de Empleo o terminando el servicio militar

☐ No trabajando (buscando y listo para empleo)

☐ No trabajando (en la cárcel, no listo para trabajo, no buscando empleo)

Experiencia (Escoja – debe ser rellenado al comenzar cada trimestre/ ciclo)

☐ Recibiendo ayuda pública ☐ Madre/ padre soltera/o ¿Es usted padre/madre de un niño (a) entre las edades de 0 a 18 años? ☐ Si ☐ No

☐ Mujer soltera embarazada ☐ Barreras para adquirir empleo

☐ Actualmente o antiguamente parte del proceso de justicia criminal

☐ Persona de bajos recursos (o familiares) trabajador agrícola sin empleo o con dificultad de encontrar trabajo por 12 meses en los últimos dos años

☐ Trabajador agrícola por temporadas (o familiares) Sin hogar, sin un lugar donde dormir con regularidad

☐ Sin hogar, pero durmiendo en algún lugar no tradicional (ej.: parque, edificio abandonado, estación de autobús)

☐ Hijo de trabajadores agrícolas que han cambiado distritos escolares en los últimos tres años debido al empleo temporal de los padres

☐ Sin empleo o con empleo sin uso completo de sus habilidades mientras cuida el hogar y familia (sin pago)

☐ Anteriormente recibiendo ayuda pública o familiar y ahora desempleado o con empleo sin uso completo de sus habilidades

☐ Padre/madre de niño que tienen dos años o menos de no recibir beneficios de TANF (antiguamente AFDC)

☐ Cónyuge de un miembro de las Fuerzas Armadas, en servicio activo, fallecido o incapacitado debido al servicio militar

OFFICE USE ONLY

Enrollment Date _____ **Referring Agency Code(s)** _____

Program Enrollment Type (Select all that apply) ☐ ABE ☐ ESOL ☐ ASE (AHS, High School Equivalency Program) ☐ CTE ☐ GED®

ID Used for Verification of Florida Residency _____ _____ (Transfer residency codes from VERIFICATION OF FLORIDA RESIDENCY FM 7425)
ID 1 **ID 2**

Military Status _____ **LEP Status** ☐ Current (L)
Code

Student Goals_____ (See Data Input Form Office Instructions for codes)

(Counselor Use ONLY)

Ref#	Class	Days	Time	Instructor	Location

Counselor or Administrative Verification Signature **X** _____

LEKÒL LETA MIAMI-DADE COUNTY
EDIKASYON SOU DEVLOPMAN TRAVAYÈ
FÒM POU ANTRE DONE SOU ÒDINATÈ
Biwo Fonksyònman Lekòl (Edikasyon Adilt/Vokasyonèl, ak Kominotè)

ENFÒMASYON PÈSONÈL

Dat Jodi a _____/_____/_____
Mwa Jou Ane

Non _____ Prenon _____ Non Batèm _____
(Foto I.D. Obligatwa)

Nimewo Sosyal Sekirite _____ Nimewo I.D. Elèv _____ Nimewo Telefòn ( ) _____

Dat Nesans _____/_____/_____ Peyi Ou Fèt (Peyi oubyen Eta) _____
Mwa Jou Ane

Adrès _____
Nimewo ak Ri Apt. Vil Eta Kòd Postal

SITWAYÈNTE (Chwazi youn) ☐ Sitwayen Ameriken ☐ Rezidan ak Kat Rezidans ☐ Rezidan san Kat Rezidans ☐ Pa Rapòte

SÈKS (Chwazi youn) ☐ Fi ☐ Gason **ETNISITE** (Chwazi youn) Orijin Laten oubyen Ispanik ☐ Wi ☐ Non

RAS (Chwazi tout sa ki aplike) ☐ Endyen Ameriken oubyen Natif Alaska ☐ Ameriken Nwa oubyen Afriken ☐ Hawayen oubyen natif lòt zile Pasifik ☐ Natif Azi ☐ Blan

LANG (Si l aplikab, Chwazi Wi oubyen Non)

Wi ☐ Non ☐ Èske ou pale yon lòt lang ki pa Anglè lakay ou?
Wi ☐ Non ☐ Èske ou gen yon premye lang ki pa Anglè?
Wi ☐ Non ☐ Èske ou pi souvan pale yon lòt lang ki pa Anglè?

ENFÒMASYON SOU KONTAK IJANS

Non_____ Nimewo Telefòn ( ) _____
Non Prenon Non Batèm

REZIDANS (Chwazi Youn) ☐ Rezidan Florid (Abite nan Eta Florid) Konte _____ (Kite li vid si w abite nan Miami-Dade)
☐ Pa rezidan Florid

Sou sanksyon pou move temwayaj, mwen jire oubyen afime enfòmasyon mwen bay sou fòm sa a vrè.

X _____ (Siyati)

Si w pa vle nou bay enfòmasyon pèsonèl ou san konsantman ou alekri davans, silvouplè tcheke bwat ki adwat la. ☐

EDIKASYON

Pi Gwo Ane Eskolè Ou Fini (Chwazi Youn)

☐ Mwen pa fini okenn ane eskolè

☐ Mwen fini omwen yon pati 1ye jiska 11yèm ane eskolè
Pi gwo ane eskolè mwen fini se: _____

☐ Mwen fini douzyèm ane eskolè, men mwen pa t resevwa yon diplòm oubyen yon ekivalans

☐ Mwen resevwa yon diplòm lekò egondè - Dat _____

☐ Mwen resevwa yon ekivalans lekòl segondè – Dat _____

☐ Mwen gen yon andikap e mwen resevwa yon diplòm lekòl segondè espesyal oubyen yon sètifika prezans/finisman dèske mwen fini "Individual Education Plan (IEP)" (Plan Edikasyon Endividyèl)

Ki kote nivo sa a te fèt? ☐ Ozetazini ☐ Pa Ozetazini

☐ Mwen resevwa yon Sètifika Karyè

☐ Mwen fini kèk kou kolèj, men m pa resevwa yon sètifika oubyen diplòm

☐ Mwen resevwa yon diplòm Dezan Syans Aplike

☐ Mwen resevwa yon diplòm Dezan Syans

☐ Mwen resevwa yon diplòm Dezan Ar

☐ Mwen resevwa yon diplòm Bachelye

☐ Mwen kontinye aprè yon diplòm Bachelye

☐ Aktyèlman mwen se yon Elèv Lekòl Segondè/**Nivo Ane eskolè**_____ **#ID ISIS** _____
(9-12)

Elèv ki gen bezwen espeyal ka elijib pou akomodasyon kou ak egzamen. Wè yon konseye edikasyon adilt/vokasyonèl pou enfòmasyon ak asistans.

TRAVAY AK EKSPERYANS PWOFESYONÈL

Sitiyasyon Travay (Chwazi Youn – Pou ranpli lè w ap antre nan chak tèm)

☐ Mwen Ap Travay

☐ Mwen Ap Travay men avèk Avi pou yo Ranvwaye m oubyen mwen nan tranzisyon pou m soti nan sèvis militè

☐ Mwen Pap Travay (ap chèche e elijib pou travay)

☐ Mwen pa sou Mache Travay la (nan prizon, pa elijib pou travay, oubyen pap chèche travay)

Istwa Pesonel (Chwazi tout sa ki aplike – Pou ranpli lè w ap antre nan chak tèm/semès)

☐ Mwen sou Asistans Leta ☐ Yon Paran Selibatè Eske ou gen yon pitit ki gen ant 0 e 18 tan? ☐ Wi ☐ Non

☐ Mwen se yon Fi Selibatè Ansent ☐ Obstak ki anpeche travay

☐ Anvan oubyen kounye a mwen ka nan yon etap pwosesis jistis kriminèl

☐ Mwen se yon endividi ki gen salè ba (oubyen depandan yo) ki ap travay prensipalman nan jaden e aktyèlman pap travay oubyen gen difikilte pou jwenn travay pou 12 mwa nan de (2) dènye ane yo

☐ Mwen se yon imigran oubyen travayè jaden sezonye (oubyen depandan yo) Sanzabri e san yon rezidans fiks, regilye leswa

☐ Mwen sanzabri men mwen abite nan yon kay ki pa tradisyonèl (egz: plas piblik, bilding abandone, oubyen yon estasyon otobis)

☐ Mwen se pitit migran ki chanje distri lekòl nan dènye twa ane yo akoz travay sezonye paran yo

☐ Mwen pa t ap travay anvan oubyen manke travay pandan mwen t ap okipe kay la ak fanmi an (san peye)

☐ Mwen jwenn sipò asistans leta oubyen fanmi anvan, e kounye a mwen pap travay oubyen manke travay

☐ Mwen se paran yon timoun ki nan peryòd dezan ki pap resevwa "TANF" (ki te rele anvan "AFDC")

☐ Mwen se yon konjwen ki pap travay ki depann sou yon manm Fòs Ame ki nan sèvis aktif oubyen ki mouri oubyen ki gen andikap akoz sèvis militè

OFFICE USE ONLY

Enrollment Date _____ **Referring Agency Code(s)** _____

Program Enrollment Type (Select all that apply) ABE ESOL ASE (AHS, High School Equivalency Program) ☐ CTE ☐ GED®

ID Used for Verification of Florida Residency _____ _____ (Transfer residency codes from VERIFICATION OF FLORIDA RESIDENCY FM 7425)
ID 1 **ID 2**

Military Status _____ **LEP Status** ☐ Current (L)
Code

Student Goals_____ (See Data Input Form Office Instructions for codes)

(Counselor Use ONLY)

Ref#	Class	Days	Time	Instructor	Location

Counselor or Administrative Verification Signature **X** _____

OFFICE INSTRUCTIONS FOR DATA INPUT FORM

It is the responsibility of school site staff to make the registration process as pleasant as possible for new students. Assistance should be available at all times for students who fill out this form. The following instructions deal with several issues that relate to data which is normally filled-in or verified by office staff. This data input form is an auditable document. **Please ensure that the student signs the form to affirm that all of the information presented is true.**

PERSONAL INFORMATION

Social Security Number

It is of prime importance that a SSN be collected. However, it cannot be required for enrollment. Students should be informed of the funding benefits to the school and the special programs that may be available (i.e. financial aid), if an SSN is disclosed. Remember that any of the following documents is acceptable proof:

An original Social Security Card with the student's legal name
Preprinted IRS W-2 Form with the student's legal name
Pay stub from an employer with the SSN and the student's legal name preprinted

Citizenship Status

This information is **optional and self-reported (no documentation necessary).** Students should be reassured that the information is used only for summary purposes. If a student does not wish to report his/her status, make sure the "Not Reported" box is marked and the appropriate code is entered in VACS.

Directory Information

If the student marks the box denoting he/she does not wish his/her directory information released, please mark Directory Release in VACS as "N" on the Student Biographical screen.

Language

The three questions listed (META) are essential. They help determine the student's LEP status which must be entered in VACS along with the META question answers (BIO screen).

EDUCATION

This section contains mandatory data elements that must be entered in VACS. Enter the code (see FM-6617) in VACS that corresponds with the student's responses.

EMPLOYMENT AND BACKGROUD

This section contains mandatory data elements that must be entered in VACS. Enter the codes (see FM-6617) in VACS that correspond with the student's responses.

OFFICE USE ONLY

Agency Codes

Referring agency codes may be placed here.

Program Enrollment Type

Select the box (es) that correspond with the program(s) in which the student will be enrolled.

Residency

Refer students that have no Residency ID codes in VACS to the Verification of Florida Residency for Tuition Purposes (FM-7425). This is **mandatory if they are enrolling in a Career and Technical Education (CTE) Program**. This process should also be followed for Adult General Education (AGE) students that can provide proof of Florida residency for tuition purposes at the time of registration, should they decide to enroll in CTE programs in the future. AGE Programs include (ABE) Adult Basic Education, ESOL (English for Speakers of Other Languages), Citizenship, GED (General Education Development), High School Completion and AAAE (Applied Academics for Adult Education). **NOTE: School staff is responsible for verifying that the documents provided fulfill the requirements outlined in FM-7425. School staff is also responsible for filling in the blanks for ID 1 and ID 2 on the DATA INPUT form. Both fields MUST be filled in for Florida Residents and left blank for non-Florida Residents.** Students that are enrolling in Community School for fee based and/or non-fee based classes do not require residency codes.

Military Status

Indicate the appropriate status code (see FM-6617).

LEP Status

A counselor (or other qualified staff member) should administer the Oral Interview Instrument to determine it the student is LEP. **Only students that answer at least one of the META questions as "yes" should be administered the instrument.**

Student Goals

The immediate short-term goal or goals of the student must be ascertained by staff and entered into VACS (in any order) as one of the following on initial intake and upon any transition in coursework which would denote a change in goal (i.e., movement from ESOL to ABE). A maximum of three (3) goals can be entered.

A Employment
C Retain Employment
D Pass GED
E Obtain High School Diploma
F Advance to Postsecondary Level
I Citizenship
X Not applicable (Not an adult education student or primary goal not in list above)

Registration Section

Counselors may write in the assigned courses in this section.

DATA INPUT FORM INSTRUCTIONS

Please include as much information as possible on your form. The more information you provide, the better we can serve your educational needs. If you require any assistance in filling out this form, please see a counselor or registration officer.

PERSONAL INFORMATION

Social Security Number (SSN)

A social security number is not required for enrollment. However, providing a social security number will allow the school to better serve you because of special funding and financial aid opportunities available. SSNs are also collected to fulfill state reporting requirements for educational institutions (FS 1008.41, FS 1008.43). For proof of a valid social security number, please submit one of the following:

- An original Social Security Card with the student's legal name
- Preprinted IRS W-2 Form with the student's legal name
- Pay stub from an employer with the SSN and the student's legal name preprinted

Please submit a valid photo id to verify identity.

Citizenship Status

Please indicate here your legal immigration status in the United States. This is **optional.** If you do not wish to report your status, mark the box "Not Reported."

Ethnicity and Race

Although not required, reporting your ethnicity and race will allow us to better tailor our educational programs to different populations. First choose yes or no to denote if you are Hispanic or not. Then choose all of the racial categories that apply to you from the list. (You can choose more than one)

Residency

If you live in the state of Florida, please mark the box labeled "Florida resident." If you do not live in the state of Florida, mark the box labeled "Non-Florida resident."

Please sign this form on the line marked with the 'X' on the top. Your signature signifies that you are affirming that all information presented by you on the form is true.

Although your educational records are protected under Federal Law, we can release your directory information (name, address, phone, etc.) to certain agencies such as military recruiters or colleges and universities. If you do not wish your information be released, please check the box.

EDUCATION

Highest School Grade Completed

Please select the box which reflects the highest level of education that you have achieved. If you are a current high school student, indicate your current grade level and your ISIS (day school) ID#.

Students with special needs may be eligible for course and testing accommodations. See an adult/vocational education counselor for information and assistance.

EMPLOYMENT AND BACKGROUND

Employment Status

Please indicate your current employment status from the following options:

Employed - if you are currently working

Employed, but with Notice of Termination or in transition out of military service

Not employed (looking and eligible for employment)

Not in labor force (incarcerated, not eligible for employment, or not seeking employment)

Background

Please select all of the boxes that most accurately describe your current living status and background. This information will enable the school to offer you the highest level of assistance available.

INSTRUCCIONES PARA COMPLETAR SOLICITUD

Por favor incluye toda la información que pueda en su solicitud. Mientras más información tengamos, podremos servir mejor sus necesidades educacionales. Por favor vea un consejero u oficial de matrículas si necesita ayuda en rellenar esta solicitud.

Información personal

Número de Seguridad Social (SSN)

No se necesita un número de seguridad social para la matrícula. No obstante, el número de la seguridad social puede ayudar a la escuela a servirle mejor debido a fondos especiales y ayuda financiera que pueden estar disponibles. Los SSN también se usan para completar los requisitos estatales de las instituciones educacionales (FS 1008.41, FS 1008.43). Como prueba de un número valido de la seguridad social, por favor presente uno de los siguientes:

- Una tarjeta original de la Seguridad Social con el nombre legal del estudiante
- Formulario de IRS W-2 impreso con el nombre legal del estudiante
- Una colilla de pago de un trabajo con el SSN y el nombre legal del estudiante impreso

Por favor tenga una identificación con foto para verificar la identidad.

Estatus Legal

Por favor indique aquí su estatus de inmigración en las EEUU. Esto es **opcional.** Si no desea decirlo, marque la casilla "No".

Etnia y Raza

Aunque no es obligatorio, el decir su etnia y raza nos ayuda a crear programas educacionales para las diferentes poblaciones. Primero escoja, si o no para definir si es hispano o no. Después, escoja todas las categorías de raza de la lista que estén relacionadas con usted. (Puede escoger más de una)

Residencia

Si usted vive en la Florida, marque la casilla “residente de la Florida" Si no vive en la Florida, marque la casilla "No residente de la Florida".

Por favor firme este formulario en la línea con la 'X'. Su firma quiere decir que usted asegura que toda la información presentada por usted en el mismo es verdad.

Aunque sus documentos educacionales están protegidos bajo la ley federal, podemos divulgar su información (nombre, dirección y teléfono) a algunas agencias como reclutadores militares y universidades. Si no quiere que su información sea divulgada, marque la casilla.

EDUCACIÓN

Grado de educación básica que terminó

Por favor escoja la casilla con el nivel de educación más alto que usted alcanzó. Indique su grado actual y su número de identificación de ISIS (escuela diurna) si usted está asistiendo a la secundaria actualmente.

Los estudiantes con discapacidades pueden ser elegibles para adaptación de los cursos y las pruebas. Vea un consejero de educación adulta/vocacional para información y ayuda.

EMPLEO Y EXPERIENCIA LABORAL

Empleo

Por favor marque su estado de empleo actual de las siguientes opciones:

Trabajando
Trabajando pero con Aviso de Terminación de Empleo o terminando el servicio militar
No trabajando (buscando y listo para empleo)
No trabajando (en la cárcel, no listo para trabajo, no buscando empleo)

Experiencia

Por favor escoja todas las casillas que describan su experiencia y sus condiciones de vida actual. Esta información ayuda a la escuela a proveer el nivel de ayuda más alto posible.

FÒM ENSTRIKSYON POU ANTRE DONE SOU ÒDINATÈ

Silvouplè mete otan enfòmasyon posib nan fòm ou a. Plis enfòmasyon ou bay, plis nou ka sèvi bezwen edikasyonèl ou yo. Si ou bezwen asistans pou ranpli fòm sa a, silvouplè wè yon konseye oubyen yon ofisye enskripsyon.

ENFÒMASYON PÈSONÈL

"Social Security Number (SSN)" (Nimewo Sosyal Sekirite)
Ou pa bezwen yon nimewo sosyal sekirite pou enskri. Sepandan, bay yon nimewo sosyal sekirite pral pèmèt lekòl la sèvi w pi byen akoz disponiblite fon espesyal ak opòtinite èd finansye. Nou kolekte SSN yo tou pou satisfè demand eta a pou rapò enstitisyon edikasyonèl (FS 1008.41, FS 1008.43). Pou prèv nimewo sosyal sekirite valid, silvouplè bay youn nan sa ki ap suiv yo:

- Yon Kat Sosyal Sekirite orijinal avèk non legal elèv la
- Fòm "W-2" "IRS" ki enprime davans avèk non legal elèv la
- Yon souch chèk yon anplwayè avèk SSN la e non legal elèv la ki enprime davans

Silvouplè bay yon foto id valid pou verifye idantite.

Sitwayènte

Silvouplè endike la sitiyasyon imigrasyon legal ou Ozetazini. Sa a **opsyonèl.** Si w pa vle rapòte kondisyon ou, tcheke bwat "Pa Rapòte" a.

Etnisite ak Ras

Menmlè li pa obligatwa, rapòte etnisite ak ras ou pral pèmèt nou planifye pwogram edikasyonèl nou pi byen pou diferan popilasyon. Premyèman chwazi wi oubyen non pou montre si wi ou non ou se yon Ispanik. Epi chwazi tout kategori rasyal ki aplike pou ou sou lis la. (Ou ka chawzi plis pase youn)

Rezidans

Si ou abite nan eta Florid, silvouplè tcheke bwat ki make "rezidan Florid" la. Si w pa abite nan eta Florid, tcheke bwat ki make "Pa rezidan Florid" la.

Silvouplè siyen fòm sa a sou liy ki gen 'X' sou li a. Siyati ou afime tout enfòmasyon ou bay sou fòm sa a vrè.

Menmlè dosye edikasyonèl ou pwoteje anba Lalwa Federal, nou ka bay sèten ajans tankou rekritè militè oubyen kolèj ak inivèsite enfòmasyon pèsonèl ou (non, adrès, telefòn, eks.). Si w pa vle nou bay enfòmasyon ou, silvouplè tcheke bwat la.

EDIKASYON

Pi Gwo Ane Lekòl ou Fini

Silvouplè chwazi bwat ki reflete pi gwo nivo edikasyon ou fini. Si w se yon elèv lekòl segondè kounye a, endike nivo ane eskolè ou ak #ID ISIS ou (lekòl lajounen).

Elèv ki gen bezwen espesyal ka elijib pou akomodasyon pou kou ak egzamen. Wè yon konseye edikasyon adilt/vokasyonèl pou enfòmasyon ak asistans.

TRAVAY AK EKSPERYANS PWOFESYONÈL

Sitiyasyon Travay

Silvouplè endike sitiyasyon travay ou kounye a nan opsyon ki ap suiv yo:

Ap travay – si w ap travay kounye a
Ap travay, men avèk Avi pou yo Ranvwaye m oubyen mwen nan tranzisyon pou m soti nan sèvis militè
Pap travay (ap chèche e elijib pou travay)
Pa sou mache travay la (nan prizon, pa elijib pou travay, oubyen pap chèche travay)

Istwa Pèsonèl

Silvouplè chwazi tout bwat ki dekri pi byen fason w ap viv e eksperyans pèsonèl ou. Enfòmasyon sa a pral ede lekòl la ofri w pi gwo nivo asistans ki disponib.

EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. No. _____ Grade _____ Section _____

Student's Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Non-Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Is either parent in the Military? Yes ____ No ____ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes ____ No ____

Was the full cost paid by you? Yes ____ No ____ What type? Headstart ____ ESE ____ Migrant ____ Other ____ Unknown ____

EMERGENCY CONTACT INFORMATION: Additional data is requested in the event of an emergency illness of your child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) _____ *(Relation to Student)* _____ *(Address)* _____ *(Phone at Work)* _____

(Name) _____ *(Relation to Student)* _____ *(Address)* _____ *(Phone at Work)* _____

Family Doctor _____ *Phone* _____ *Preference of Hospital* _____ *Phone* _____

Student health/allergy data which should be known in an emergency: _____

_____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____ _____ _____

Authorized: _____ _____ _____

Not authorized: _____ _____ _____

Not authorized: _____ _____ _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The Emergency Student Data Form governs early release withdraw of the student. The registering parent/guardian must sign/verify this form and is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.

FORMULARIO DE DATOS DEL ESTUDIANTE PARA UTILIZAR DURANTE EMERGENCIAS

Numero/Nombre de la Escuela _____ Número de Identificación. _____

Grado _____ Sección _____

Apellido del estudiante _____ APP _____ Nombre propio _____ Segundo nombre _____

Dirección _____

Número de contacto telefónico principal que ha de ser ser utilizado en casos de emergencia y mensajes automáticos: _____

Nombre del padre de familia / tutor que matricula _____ Parentesco _____ Lugar de empleo _____

Teléfono _____ Teléfono celular _____ Correo electrónico _____

Nombre del padre de familia / tutor que no matricula _____ Parentesco _____ Lugar de empleo _____

Teléfono _____ Teléfono Celular _____ Correo electrónico _____

¿Está alguno de los padres en las fuerzas armadas? Sí ____ No ____ Rama_____

Sólo para estudiantes del Kindergarten: ¿Asistió el niño a una escuela preescolar o a una guardería? Sí _____ No _____

¿Pagó usted todos los gastos? Sí ___ No ___ ¿Qué programa? *Head Start* ___ *ESE* ___ Migratorio ___ Otro ___ Lo desconozco ___

INFORMACION DE CONTACTOS DE EMERGENCIA: Solicitamos información adicional para utilizar en caso de que su hijo tenga una enfermedad que sea de emergencia. Es la responsabilidad legal de los padres asumir los gastos médicos y de transporte proporcionados a su hijo. En el caso de que no se pudiese localizar a ninguno de los padres del niño por favor, proporcione información de contacto de dos personas, por orden de prioridad, en los espacios que aparecen a continuación.

(Nombre) _____ Parentesco _____ *(Dirección)* _____ *Teléfono del trabajo* _____

(Nombre) _____ Parentesco _____ *(Dirección)* _____ *Teléfono del trabajo* _____

Doctor de cabecera _____ Teléfono _____ Preferencia de hospital _____ Teléfono _____

Informes acerca de la salud/alergias del estudiante que tienen que ser conocidas en caso de emergencia:

_____

_____

PERMISO PARA QUE EL ESTUDIANTE SALGA DE LA ESCUELA: Por favor, proporcione los nombres de las personas que están autorizadas o que no están autorizadas para recoger a su hijo durante la jornada escolar. Tome en cuenta que las personas que aparecen como contactos de emergencia, no están autorizadas para recoger a sus hijos, si sus nombres no aparecen en la lista que se encuentra a continuación:

Autorizados: _____ _____ _____

Autorizados: _____ _____ _____

No autorizados: _____ _____ _____

No autorizados: _____ _____ _____

ES LA RESPONSABILIDAD DE LOS PADRES informar personalmente a la escuela de cualquier cambio respecto a la información que se encuentra en este formulario. Declaro bajo pena de perjurio, que he leído lo anterior en este [documento] y que la información que ahí aparece es verdadera.

Fecha: _____ Nombre del padre de familia / tutor que matricula en letra de molde: _____

Firma del padre de familia / tutor que matricula: _____

Los padres de familia/tutores tienen el derecho de revisar las cualificaciones profesionales de los maestros de sus hijos, incluyendo el estatus de la licencia, la especialidad, maestría, títulos postgrado y el campo de la certificación. La información respecto a este "derecho a saber", está disponible en la escuela de sus hijos, que incluye si sus hijos están recibiendo servicios prestados por los ayudantes de maestro y de ser así, sus cualificaciones.

El que a sabiendas hace una declaración falsa por escrito con la intención de engañar a un funcionario público en el ejercicio de sus funciones oficiales será culpable de un delito menor de segundo grado según el Estatuto de la Florida § 837.06, o quien hace una declaración que se verifica que es falsa es culpable del delito de perjurio, un delito grave de tercer grado, según el Estatuto de la Florida § 92.525, punible conforme a lo dispuesto en los Estatutos de la Florida, §§ 775.082, 775.083 y 775.084.

El Formulario de Datos del Estudiante Para Utilizar Durante Emergencias, rige quién ha de recoger al estudiante de la escuela. El padre de familia / tutor que matricula deberá firmar/ verificar este formulario y es responsable de proporcionar información verdadera y precisa. Si los padres del estudiante están divorciados o separados, el padre que matricula al estudiante, es responsable de proporcionar información que sea consistente con la orden judicial más reciente que gobierna asuntos tales como el divorcio, la separación o la custodia.

FÒM DONE POU IJANS ELÈV

Nimewo/Non Lekòl_____ Nimewo I.D. _____ Ane Eskolè ___ Seksyon _____

Non Elèv la | APP | Prenon | Lòt Non

Adrès _____

Premye nimewo telefòn pou kontakte pou ijans ak mesaj otomatik: _____

Non Paran / Gadyen ki Fè Enskripsyon an | Relasyon | Andwa Travay

Telefòn | Selilè | Adrès Lèt Elektwonik

Non Paran / Gadyen ki pa Fè Enskripsyon an | Relasyon | Andwa Travay

Telefòn | Selilè | Adrès Lèt Elektwonik

Èske youn nan paran yo nan Militè? Wi ____ Non ____Branch _____
Jadendanfan Sèlman: Èske timoun nan te nan klas matènèl oubyen gadri? Wi ____ Non ____
Èske se ou ki te peye tout frè a? Wi ___ Non___ Ki kalite? "Headstart" ___ "ESE" ___ Migran ___ Lòt ___ Mwen pa Konnen ___

ENFÒMASYON SOU KONTAK IJANS: Yo mande done adisyonèl sizanka pitit ou gen yon maladi ijan. Se responsablite legal paran pou aksepte depans medikal ak transpòtasyon pou pitit yo. Anka nou pa ka kontakte paran timoun nan, bay enfòmasyon sou kontak de (2) moun anba a, selon lòd priyorite.

(Non) | *(Relasyon ak Elèv la)* | *(Adrès)* | *(Telefòn nan Travay)*

(Non) | *(Relasyon ak Elèv la)* | *(Adrès)* | *(Telefòn nan Travay)*

Doktè Fanmi an | Telefòn | Lopital Ou Prefere | Telefòn

Done sou sante/alèji elèv la nou dwe konnen an ka yon ijans: _____

_____

FÒM OTORIZASYON POU LAGE ELÈV SOTI NAN LEKÒL LA: Silvouplè bay non moun ki otorize oubyen ki pa otorize pou soti ak pitit ou a lekòl diran jounen lekòl la. Note non moun ki nan lis kontak ijans la pap ka vini chèche pitit ou a lekòl la si non li pa nan seksyon sa a.

Otorize: _____ _____ _____

Otorize: _____ _____ _____

Pa otorize: _____ _____ _____

Pa otorize: _____ _____ _____

SE RESPONSABLITE PARAN YO pou enfòme lekòl la an pèsòn nenpòt chanjman nan lis enfòmasyon sou fòm sa a. Anba pinisyon lalwa pou fosèman, mwen deklare mwen li [dokiman] sa a e fè ki site yo se laverite.

Dat: _____ Enprime Non Paran / Gadyen ki Fè Enskripsyon an _____

Siyati Paran / Gadyen ki Fè Enskripsyon an: _____

Paran/gadyen gen dwa pou revize kalifikasyon pwofesè klas pitit li a (yo) ki gen ladan kondisyon lisans, prensipal karyè, diplòm gradyasyon li, ak matyè sou sètifika li. Dwa "pou w konnen sa a" disponib nan lekòl pitit ou a ki gen ladan kèlkeswa pitit ou a ap resevwa sèvis nan men parapwofesyonèl, e si se sa, kalifikasyon yo.

Sepandan si w konnen ou ekri sa ki pa vrè nan entansyon pou twonpe yon sèvant leta nan pèfòme responsablite ofisyèl li yo ap jwenn ou koupab krim dezyèm degre ki pa vyolan anba lwa florid 'Stat. § 837.06', oubyen ou verifye deklarasyon ki pa vrè ou ap koupab krim fosèman, yon zak twazyèm degre, anba lwa Florid 'Stat. § 92.525', ki mache ak pinisyon lwa Florid 'Stat., §§ 775.082, 775.083' e '775.084'.

Fòm Done pou Ijans Elèv gouvène lage elèv yo soti lekòl bonè. Paran / Gadyen ki fè enskripsyon an dwe siyen / verifye fòm sa e li responsab pou bay enfòmasyon ki vrè e kòrèk. Si paran elèv la divòse oubyen separe, paran ki enskri elèv la responsab pou bay enfòmasyon ki konsistan avèk dènye lòd tribinal ki gouvène zafè divòs, separasyon oubyen gadyen an.

MIAMI-DADE COUNTY PUBLIC SCHOOLS
MEDIA RELEASE PARENTAL CONSENT FORM

_____
(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, videotaped, or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, the internet, and Miami-Dade County Public Schools websites and social media platforms such as Facebook, Twitter, etc.

Please indicate your preference below.

_____ _____
(Student's Name) (Student's ID)

☐ Yes. My child's photograph/video/interview **may** be reproduced and released for use in the media.

☐ No. My child's photograph/video/interview **may not** be reproduced and released for use in the media.

_____ _____
(Signature) (Date)

Return this signed form to:

CONTACT PERSON: _____

SCHOOL NAME: _____

SCHOOL TELEPHONE: _____

ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE
FORMULARIO DE CONSENTIMIENTO PATERNO A LOS MEDIOS DE COMUNICACIÓN

_____
(Fecha)

Estimado/a padre/madre o tutor/a:

Por la presente le advertimos que durante el curso escolar, posiblemente a su niño/a se le tome una fotografía, se le haga una grabación de video o se le entreviste en diversos eventos auspiciados por la escuela. Con su consentimiento, se podrá reproducir y publicar la fotografía, vídeo o entrevista para ser entregada a los medios de comunicación, p. ej., periódicos, folletos, videos, televisión, o para su uso a través de la internet y de las páginas web de las Escuelas Públicas del Condado Miami-Dade y en plataformas de medios sociales como *Facebook, Twitter,* etc.

Por favor, indique su preferencia a continuación.

_____ _____
(Nombre del estudiante) (Número de identificación del estudiante)

☐ Sí. La fotografía/video/entrevista de mi hijo/hija **puede** ser reproducida y publicada para ser utilizada por los medios de comunicación.

☐ No. La fotografía/video/entrevista de mi hijo/hija **no puede** ser reproducida ni publicada para ser utilizada por los medios de comunicación.

_____ _____
(Firma) (Fecha)

Devuelva este formulario a:

PERSONA DE CONTACTO: _____

NOMBRE DE LA ESCUELA: _____

TELÉFONO DE LA ESCUELA: _____

LEKÒL LETA MIAMI-DADE COUNTY
FÒM KONSANTMAN PARAN POU PIBLIKASYON NAN MEDYA

_____
(Dat)

Chè Paran:

Silvouplè n ap avize w, pandan ane a nou kapab pran foto pitit ou a, anrejistre li nan videyo, oubyen fè entèvyou avèk li nan divès evènman lekòl la ap patwone. Si ou bay konsantman ou, nou ka repwodui oubyen pibliye foto, videyo oubyen entèvyou yo nan medya tankou, jounal, bwochi, videyo, televizyon, Entènèt, ak sit Entènèt Lekòl Leta Miami-Dade County ak platfòm medya sosyal tankou Facebook, Twitter, eks.

Silvouplè chwazi preferans ou anba a.

_____ _____
(Non Elèv la) (Nimewo Idantifikasyon Elèv la)

☐ Wi. Nou **ka** repwodui e pibliye foto/videyo/entèvyou pitit mwen an pou itilize yo nan medya.

☐ Non. Nou **pa dwe** repwodui e pibliye foto/videyo/entèvyou pitit mwen an pou itilize yo nan medya.

_____ _____
(Siyati) (Dat)

Siyen fòm sa a e retounen li bay:

MOUN POU W KONTAKTE: _____

NON LEKÒL LA: _____

TELEFÒN LEKÒL LA: _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date _____

Student's Name _____

Date of Birth _____ ID# _____

I hereby authorize the mutual exchange of records pertaining to my child or myself, _____ _____ , between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name	**Address**

- The specific records to be disclosed pertain to: _____

_____

- The purpose for making these records available is: _____

_____

- **The receiving party will not disclose the information to any other party without signed consent.**

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

_____ _____
Name (print) Signature

_____
Address City, State Zip Code

Please return this form to: _____

_____

_____

_____

ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

CARTA DE CONSENTIMIENTO PARA EL INTERCAMBIO MUTUO DE INFORMACI N
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Fecha _____

Nombre del estudiante _____

Fecha de nacimiento _____ N mero de identidad _____

Con la presente carta autorizo el intercambio de informaci n en referencia a mi hijo o mi persona, _____, entre las Escuelas P blicas del Condado de Miami-Dade (MIAMI-DADE COUNTY PUBLIC SCHOOLS) y las siguientes agencias (incluyendo escuelas, m dicos, sic logos, hospitales, cl nicas, etc., que han tenido que ver con su hijo/hija):

Nombre	**Direcci n**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Los documentos espec ficos divulgados conciernen: _____

_____

- La raz n de tener estos documentos disponibles es: _____

_____

- **La(s) persona(s) que reciba(n) estos documentos no divulgar (n) la informaci n con otras personas y/o agencias sin su consentimiento.**

Hago constar que soy el padre o tutor legal del ni o cuyo nombre se menciona arriba o que soy un estudiante mayor de edad y estoy autorizado para firmar esta carta de autorizaci n.

_____ _____
Nombre Firma

_____
Direcci n Ciudad, Estado C digo postal

S rvase devolver esta carta a: _____
_____
_____
_____

FM-2128S Rev. (11-03)

LEKÒL PIBLIK MIYAMI

F M KONSANTMEN POU ECHANJ EMF MASYON
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Dat _____

Nom elèv _____

Dat li fèt _____ ID# _____

Mwen otorize ke yo fe echanj enfomasyon sou dosye pitit mwen ou dosye pa-m, _____ , ant Lekòl Leta Miami-Dade Konti ak ajns sa yo mete (tout lekòl, doktè, sikològ, klinik, esetera, ki te an afè avèk pitit ou):

Nom	**Adrès**

- Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: _____

_____

- Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: _____

_____

- **Moun ki resevwa dosye ya p'ap kite okenn lot moun wè yo san yon konsantman siyen.**

Mwen sètifye ke se mwen ki paran ou gadyen timoun, non ekri anro,fòm sa a ou swa mwen se yon elèv ki majè e ke mwen gen otorite ou siyen pèmisyon sa a.

_____ _____
Non Siyati

_____
Adrès

Sil vou plè, retounen fòm sa bay:

_____
_____
_____
_____

Appendix B
Student Educational Plan

Clear Form

SUCCESS MANAGEMENT ACADEMY PROGRAM

Student Educational Plan

Date: _____ / _____ / _____ Referred by: _____

Student Name: _____ DOB: _____ Phone #: _____ – _____ – _____

Parent Name: _____ Phone #: _____ – _____ – _____

Educational Background

Highest Grade Completed: _____ Where: _____

If highest grade completed was in the U.S., provide history _____

_____

_____

Has student ever been enrolled in a special academic program or have difficulties with any specific subject? YES ❑ NO ❑

_____

_____

Student Career Goal: _____ SAVES Eligible: YES ❑ NO ❑

Additional Information or Comments: _____

_____

_____

_____

_____

GED® Completion Date: _____ / _____ / _____

GED® Scores (attached): Math ____ Science ____ Social Studies ____ Language Arts ____

Post-Secondary Education Goal:

School: _____ Program of Study: _____

Comments:

_____

_____

_____

_____

Appendix C
Data and Accountability

Applications / Sites > ADULT/VOC/ALT & COMM ED

Welcome Suarez, Nelson | My Links | Logout |

ADULT/VOC/ALT & COMM ED

This Site: ADULT/VOC/ALT & C

ADULT/VOC/ALT & COMM ED | School Ops | DI | Site Actions

ADULT/VOC/ALT & COMM ED > GED (SMA) Performance Management System > New Item

GED (SMA) Performance Management System: New Item

OK | Cancel

Attach File | Spelling...

Select Student ID	
Check if SMA	☐
Check if traditional GED Student	☐
Date GED administered	
Test result	○ Pass ○ Fail
*	(Leave this field as is)

OK | Cancel

ANTI-DISCRIMATION POLICY

The School Board of Miami-Dade County, Florida adheres to a policy of nondiscrimination in employment and educational programs/activities and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 *- prohibits discrimination on the basis of race, color, religion, or national origin.*
Title VII of the Civil Rights Act of 1964 as amended *- prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.*
Title IX of the Education Amendments of 1972 *- prohibits discrimination on the basis of gender. M-DCPS does not discriminate on the basis of sex in any education program or activity that it operates as required by Title IX. M-DCPS also does not discriminate on the basis of sex in admissions or employment.*
Age Discrimination Act of 1975 *- prohibits discrimination based on age in programs or activities.*
Age Discrimination in Employment Act of 1967 (ADEA) as amended - prohibits discrimination on the basis of age with respect to individuals who are at least 40 years old.
The Equal Pay Act of 1963 as amended *- prohibits gender discrimination in payment of wages to women and men performing substantially equal work in the same establishment.*
Section 504 of the Rehabilitation Act of 1973 *- prohibits discrimination against the disabled.*
Americans with Disabilities Act of 1990 (ADA) *- prohibits discrimination against individuals with disabilities in employment, public service, public accommodations and telecommunications.*
The Family and Medical Leave Act of 1993 (FMLA) *- requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family and medical reasons.*
The Pregnancy Discrimination Act of 1978 *- prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.*
Florida Educational Equity Act (FEEA) *- prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.*
Florida Civil Rights Act of 1992 *- secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.*
Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA) *- prohibits discrimination against employees or applicants because of genetic information.*
Boy Scouts of America Equal Access Act of 2002 *– No public school shall deny equal access to, or a fair opportunity for groups to meet on school premises or in school facilities before or after school hours, or discriminate against any group officially affiliated with Boy Scouts of America or any other youth or community group listed in Title 36 (as a patriotic society).*
Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295.07 (Florida Statutes), which stipulate categorical preferences for employment.

In Addition: M-DCPS does not discriminate on the basis of race, color, ethnic or national origin, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, gender, gender identity, social and family background, linguistic preference, pregnancy, citizenship status, FMLA or any other basis prohibited by law in its educational programs, services, activities, admissions or in its hiring and employment practices. Please refer to School Board Policies 1362, 1362.02, 3362, 3362.02, 4362, 4362.02, 5517 and 5517.02 for more information.

For additional information about Title IX or any other discrimination/harassment concerns, contact the U.S. Department of Education

Asst. Secretary for Civil Rights or:

Office of Civil Rights Compliance (CRC)
Executive Director/Title IX Coordinator
155 N.E. 15th Street, Suite P104E Miami, Florida 33132
Phone: (305) 995-1580 TDD: (305) 995-2400
Email: crc@dadeschools.net Website: https://hrdadeschools.net/civilrights

08/2021