



Crawford County R-2 School District MOCAP Virtual Learning Application



Application Due Dates: All applications must be completed and submitted to the building principal within 3 days of the start of the semester for the requested virtual course &/or within 3 days of a new student's enrollment.

Date: _____ **Semester start date:** _____

Student Name: _____ **Age:** _____

Birthdate: _____ **Grade:** _____

Prerequisite Assurances
(Parent or student must initial as confirmation.)

- _____ **Student was enrolled as a full-time student at a public school during the semester immediately prior to this request.**
- _____ **Student and parents understand the eligibility limitations and requirements to participate in any school activities.**
- _____ **Parents and/or legal guardians are aware of and support this request.**
- _____ **If enrolling in more than two (2) virtual courses, an Individual Learning Plan is on file with the building guidance office.**
- _____ **Parent and student have read and are aware of all MOCAP expectations and requirements posted within the MOCAP website and within the CCR2 student handbook.**
- _____ **Student and parents recognize administration will evaluate and monitor progress. Failure to make progress could result in alteration or termination of the course.**
- _____ **Student and parents understand that MOCAP participants are still required to participate in annual MAP and EOC spring assessments on campus.**
- _____ **Student and parents understand limitations exist to eligibility and participation in extra-curricular and other school activities.**
- _____ **In the event a program participant discontinues their enrollment or the district terminates the course offering, the district will also discontinue monthly payments made on the student's behalf to the virtual course provider.**

Student signature: _____ **Parent signature:** _____



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MOCAP Provider requested: _____ # of Courses requested: _____
 *MOCAP provider must be on the approved list by DESE &/or CCR2

Course(s) requested: _____

Semester schedule:

Course	1 st Semester	2 nd Semester
1		
2		
3		
4		
5		
6		
7		
8		

To better assist administration in making the best choice for your student, please respond to each question.

District Course Availability

1. If the course is offered onsite by the district, what are the extenuating circumstances that make it difficult or impossible for the student to take the onsite course already offered by the district?
2. If the course is offered onsite by the district and the student is able to take that course, what are the reasons the student wants to take the virtual course option?

Student Skills for Success

3. How has the student demonstrated time-management skills that indicated the student is capable of submitting assignments and completing course requirements without reminders?
4. How has the student demonstrated persistence in overcoming obstacles and a willingness to seek assistance when needed?



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5. How has the student demonstrated verbal and written communication skills that would allow said student to succeed in a digital environment where access to the instructor can be limited?

6. Does the student have the necessary computer or technical skills to succeed in a virtual course? Please describe the identified skills.

Virtual Course Characteristics

7. How does the course meet or exceed district and state curriculum standards?

8. How does the course meet graduation requirements?

9. How does the course align with the student's career goals and four-year plan?

This section to be completed by school administration:

Date: _____ Approved: YES NO

If not approved, reason for disapproval:

Administrator name: _____

Administrator signature: _____

If your request is denied, you have the right to appeal the decision. If choosing to appeal, please contact the district's superintendent to receive information regarding the appeal procedure.