

5-Q-A: SECTION 23A DROPOUT RECOVERY PROGRAM

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|--------------------|--|-------------|----------|--|
| District | | School Year | | |
| Building - Program | | Count Day | October | |
| | | | February | |

I certify that this is a true and accurate list of all pupils enrolled in the Section 23a Dropout Recovery Program and that all of the eligibility requirements have been met.

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Authorized Representative Signature

Title

Date

Program Provider Name

Contact Information

INSTRUCTIONS: Complete the report below for all eligible pupils enrolled in the Section 23a Dropout Recovery Program. Place an X in the appropriate column(s) that pertain to each individual student.

| Last Name | First Name | Gr | Pupil has been expelled/mandatory | Pupil has been suspended or expelled/local policy | Pupil was referred by court | Pupil is pregnant or a parent | Pupil was previously a dropout | Pupil is determined by district to be at risk of dropping out | Personalized Learning Plan |
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