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**IEP** or **504** 

School Year	
Virtual Cour	se Registration

	Semester 1 2
itudent Name:	Student Email:
ear of Graduation:	Date of Birth:
itudent Phone:	Parent/Guardian Name:
arent/Guardian Email:	Parent/Guardian Phone:
Paren	s/Guardians Must Read and Sign
your student provide you with their use. If your student fails their online cours cost of the course(s).	nto your student's GPA.  dians and their students to monitor progress in these courses. Please
Parent/Guardian Signature:	Date:
COUNSELING OFFICE ONLY	***************************************
	Provider OCV
COUNSELING OFFICE ONLY	

Enrolled: \_\_\_\_\_ Date:\_\_\_\_\_

## Online Student Readiness Survey - Please check the appropriate selection

1.	Student has experience and is comfortable using a computer.							
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree			
2.	Student does not need reminders or assistance in completing routine assignments and finishe homework on time.							
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree			
3.	Student is a self-directed learner and does not require real time feedback from teachers and does well working alone.							
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree			
4.	Student has daily access to a computer and reliable high-speed internet at home.							
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree			
5.	. Student demonstrates excellent time management skills.							
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree			
6.	Student has strong interest in the subject area of the online course.							
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree			
7.	Student is reading at or above grade level and has strong comprehension skills.							
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree			
8.	Student has support at home from an adult who will encourage their online academic success.							
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree			