

# Hastings Middle School

# Summer Academy

◆ *For students currently in 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades during the 2018-19 school year* ◆

**GENERAL INFORMATION:** The Hastings Middle School Summer Academy is available to students currently in 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades during the 2018-2019 school year. The location of the Hastings Middle School Summer Academy will be at the Hastings Middle School facility. ***Transportation is not provided for this program.***

**DATES:** Monday-Friday: June 17 – July 12 (No School July 4<sup>th</sup> and July 5<sup>th</sup>) **TIME:** 8:30 am – 12:00 Noon

**ACADEMIC RECOVERY CLASSES:** All students in the Academic Recovery Program will receive a free summer school program, but they will still need to complete and return the Targeted Services Referral Intake form which is on the reverse side of the attached registration form. **\*\*The student's summer school schedule will be dependent on the number of classes the student has not passed.**

**STILL HAVE QUESTIONS?** If so, please call: Joe Haas at 651-480-7067 or send an email to [jhaas@hastings.k12.mn.us](mailto:jhaas@hastings.k12.mn.us)

## Academic Recovery Classes

- Language Arts     Science
- Social Studies     Math

The academic course offerings are designed to provide additional opportunities for students who did not achieve academic success during the regular school year. These students were middle school students during the 2018-2019 school year. Some students are required to successfully complete the HMS Summer Academy before being promoted to the next grade. Some students need to take classes for academic recovery or skill remediation because of failing classes.

The courses are designed to fulfill state and national standards; a variety of instructional techniques will be used. Homework will be required and students cannot be absent for more than 3 days of school or they will fail the class. Letters will be mailed to students during the week of June 10<sup>th</sup> listing the room numbers and specific times to report to on the first day of class (arriving in the mail either Thursday June 13<sup>th</sup>, or Friday June 14<sup>th</sup>).

**DATES:** Monday – Friday: June 17 – July 12  
(No school July 4<sup>th</sup> and July 5<sup>th</sup>)

**TIME:** 8:30 am – 12:00 Noon

# Hastings Middle School Summer Academy - Registration Form -

*Mail or deliver completed registration forms to:*  
Hastings Middle School, ATTN: Summer School, 1000 11<sup>th</sup> St. W., Hastings, MN 55033

**REGISTRATION DEADLINE is May 17, 2019**  
Requests to enroll in classes after that date will only be considered if space is available

(Please print or type)

Child's Name: \_\_\_\_\_ Grade (2018-2019 school year) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

**IN CASE OF EMERGENCY: (Name of person, other than parent, who could be contacted)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Special Medical Concerns or Allergies: \_\_\_\_\_

(If more space is needed, please use additional sheet of paper and include with registration.)

Does your child receive special education or English as a second language services?  YES  NO

If yes, then indicate area of need: \_\_\_\_\_

**Academic Recovery Program** (open to students currently in grades 5, 6, 7 and 8)

*The above listed child has my permission to attend field trips that are part of their selected class curriculum.  
The field trips will be chaperoned by teaching staff and transportation provided by school when needed.*

\_\_\_\_\_  
Parent/Guardian Signature

◆ Please fill out the Targeted Services Intake/Referral form on the reverse side of the registration form ◆

**District 200 Targeted Services**  
**REFERRAL / INTAKE / NEEDS / GOALS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: Hastings Middle School Grade for the 2019-2020 School Year: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ELIGIBILITY CRITERIA**  
**(Check all that apply)**  
**INDICATORS OF NEED**

- |   |  |
|---|--|
| _____ Special Education Services (IEP)      | _____ Scored at level I or II on the most recent MCA |
| _____ Section 504 Plan                      | _____ Is frequently absent or tardy from school      |
| _____ School social worker support          | _____ Has repeated one or more grades                |
| _____ School psychologist support           | _____ Has changed school/moved often                 |
| _____ Limited English Proficiency           | _____ Behavior negatively impacts learning           |
| _____ Mental Health Services                | _____ Emotional issues negatively impact behavior    |
| _____ Out of home placement                 | _____ Recent crisis/significant emotional Stress     |
| _____ Struggling in Math                    | _____ Struggling in Reading                          |
| _____ Medical condition impacts performance | _____ Scored below proficient on NWEA MAP            |
| _____ In need of social/emotional support   | _____ Failed one or more classes                     |
|   | _____ Other: _____                                   |

**DESCRIPTION OF LEARNER'S STRENGTHS:**

**ONE GOAL FOR THE SCHOOL YEAR:**

**DESCRIPTION OF LEARNERS NEEDS (ACADEMIC, SOCIAL, STUDY SKILLS, ETC.):**

The measurement of success will be based on staff observations, parent input, and student responses.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Middle School Principal Signature

\_\_\_\_\_  
Date