

**South Lane  
School District 45J3**

455 Adams  
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**Extended Diploma Agreement**

The IEP team has reviewed and discussed graduation options and agrees that an Extended Diploma plan best meets \_\_\_\_\_'s needs. The team recognizes that the requirements for an Extended Diploma differ from those of a standard Oregon Diploma and that \_\_\_\_\_ will not be eligible for a standard Oregon Diploma under this plan.

Our team understands that \_\_\_\_\_ must successfully complete the required units of credit and other criteria detailed in this plan in order to obtain an Extended Diploma. It is also understood that the team may opt to change this plan at a later date and return \_\_\_\_\_ to the pursuit of a standard Oregon Diploma.

The decision to place a student on track to receive an Extended Diploma should not be made before a student's 6<sup>th</sup> grade year nor later than 2 years prior to graduation.

**Team Considerations**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The student has a current IEP and special education eligibility   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The student has a current 504 plan  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Evidence documents student's history of an inability to maintain grade level achievement due to significant learning or instructional barriers (physical, cognitive or emotional) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Evidence documents student's history of a medical condition that creates a barrier to achievement   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The student has participated in alternate assessments beginning no later than 6 <sup>th</sup> grade and for two or more assessment cycles   |

**Signatures**

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Student

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Title:

Date of agreement:\_\_\_\_\_

### Extended Diploma Plan Requirements

Student: \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_

Counselor / Case Manager: \_\_\_\_\_

#### Credits/Classes

Subject Area	Credits Required	Class	Class	Class	Class
English	6				
Math	6				
Science	6				
History, Geography, economics or civics	9				
Health	3				
PE	3				
Arts or Second Language	3				
Total Credits	36				
Total Credits in self-contained SPED class					

**Plans for modification of course work / requirements:**

**Final parent agreement for receipt of an Extended Diploma:**

Having received information about diploma options including the requirements and ramifications of each, I grant permission for South Lane School District to award an Extended Diploma to my child, \_\_\_\_\_, upon completion of the required criteria detailed in the above plan.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date (note: must be signed during the school year that diploma will be awarded)