



Open Enrollment (ELO/EPO) Revocation Documentation



Student Name: _____ Student Number: _____

School: _____ Grade Level: _____

Area(s) of Difficulty:

- Tardies: ____
- Absences: ____
- Grades: ____
- Behavior (Adheres to classroom, school and district procedures):
 - _____
 - _____
 - _____

Expected Protocol:

If a student is in jeopardy of losing his/her Educational Program Opportunity (ELO)/ Educational Program Opportunity (EPO) status during the school year, the following communication MUST occur and be documented:

A. Phone Conversation with Parent:

Date(s):	Notes:

B. Parent Conference:

Date(s):	Notes:

C. Written Letter of Warning:

- Date: ____/____/____
- Copy to:
 - Assistant Superintendent, Elementary/Secondary Leading and Learning
 - Director, Elementary/Secondary Leading and Learning

D. Discussion with Assistant Superintendent, Division of Equity, Innovation, and Choice

Date(s):	Outcome:

Final Notification Dates Revoking EPO:

- Phone Call: ____/____/____
- Revocation Letter: ____/____/____
- Certified Receipt Returned: ____/____/____