

LAKE FOREST HIGH SCHOOL
2007-2008
Extended Day Program
(Room# 10 – Monday through Thursday)

Student:

Faculty Sponsor:

Intervention __ Extended Day (3:15 – 4:00)	Participation (check one) __ Mandatory __ Voluntary	Frequency (check one) __ Every day __ # of days per week
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Purpose of student participation (attach page if necessary)

Anticipated duration – start date ____/____/____ ____ # of days ____ # of weeks ____ Indefinite, to be reviewed ____ every week ____ by sponsor
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Check preferences ____ If the student is not productive, they should be required to stay. ____ If the student is not productive, they should be asked to leave.
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Date Student was Notified: _____
 Date Parent was Notified: _____

Response requested: ____ Yes ____ No

Dates attended: _____

Comments:

Please return completed form to Maggie Ross via mailbox or office Rm # 264