**Discovery Plus Program Application**

The FirstLine Schools Discovery Plus Program is a special education program for students identified with a disability whose cognitive functioning is 2.3 or more standard deviations below the mean plus a need for services in two or more of these areas: Life Skills (e.g. toileting, play, social communication, feeding, etc.), Speech & Language, OT, Motor (PT and APE). This program is for students who are on an alternate track in school and require a different setting and curriculum. Please complete all three sections of the application in detail using redacted student and parent information.

Upon completion of the application, please submit the application along with all supporting documentation via email to DiscoveryPlus@firstlineschools.org. If you have any questions please reach out to the Discovery Plus Program Manager, at (504) 252-2571 or DiscoveryPlus@firstlineschools.org.

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| **School Information** |
| School Name |  | Date |  |
| Contact Name |  | Role |  |
| Phone Number |  | Email |  |

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| **Student Information** |
| Student LASID |  | Current Grade |  |
| Date of Birth |  | Current IEP Date |  |
| Primary Exceptionality |  | Current Evaluation Date |  |
| Secondary Exceptionality |  | Current Evaluation Type |  |

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| **Parent/Guardian Consent for Application** |
| Date of Informed Parental Consent  |  | Parental Consent Uploaded with Application |  \_\_ Yes  \_\_ No |

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| **Criteria for Eligibility** |
|  \_\_ Yes  \_\_ No | Is the student currently enrolled in grades 3-8? |
|  \_\_ Yes  \_\_ No \_\_ N/A | Bulletin 1508 states, a reevaluation of each student with an exceptionality must be conducted when a significant change in placement is proposed, which means moving the student to a more restrictive environment where the student will be in the regular class less than 40 percent of the day. * Would enrollment in the Discovery Plus Program change the student’s LRE to be less than 40 percent of the day in the regular class setting? \_\_\_\_\_\_\_\_\_
* Date of Most Recent Evaluation: \_\_\_\_\_\_\_\_\_
* Is the student currently in the evaluation process? \_\_\_\_\_\_\_\_\_\_
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|  \_\_ Yes  \_\_ No | The student’s cognitive abilities fall 2.3 or more standard deviations below the mean.* Date of Most Recent cognitive assessment: \_\_\_\_\_\_\_\_
* Name of Most Recent cognitive assessment: \_\_\_\_\_\_\_\_
* Student’s Full Scale IQ Standard Deviation: \_\_\_\_\_\_\_\_
* Page in evaluation that documents student’s cognitive score: \_\_\_\_\_\_\_\_\_
* The evaluation containing the student’s cognitive assessment is uploaded with the application
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|  \_\_ Yes  \_\_ No | Does the student participate in the LEAP Connect alternate statewide assessment?* The signed LEAP Connect IEP form is uploaded with the application
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|  \_\_ Yes  \_\_ No | Is the student currently working towards Louisiana LEAP Connector standards?* Describe the student’s current academic goals:

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|  \_\_ Yes  \_\_ No | Does the student receive two or more related services, including but not limited to: speech, occupational therapy, physical therapy, adapted physical education, orientation and mobility or vision services, self-help or life skills, vocational skills, and ABA therapy?* Describe the services the student qualifies for through their most recent evaluation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Describe the related services the student receives as outlined in their current IEP:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Describe additional support needs for the student, such as behavioral, social, or other functional or adaptive skills:

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| **Additional Information** |
| Does the student receive support from a paraprofessional? If so, what is the rationale for the support? What is the student to paraprofessional ratio? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe specialized equipment, assistive technology, devices, or other tools the student uses and the student’s level of independence with the supports.  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the student currently receiving or need to to receive compensatory services? If so, explain the scope of services.  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe the external supports the student receives in the school setting, such as counseling or ABA therapy. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe the adjustments to services that have been implemented to best support the student at their current LEA.  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What educational benefit would be provided to the student by participating in the Discovery Plus Program?  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| If accepted into the program and multiple schools have open seats, does the parent/guardian have a preferred school?Disclaimer: Preferences will be considered, but we cannot guarantee placement at preferred site location. | \_\_Arthur Ashe Charter School\_\_Langston Hughes Academy\_\_Phillis Wheatley Community School\_\_No PreferencePlease explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Supporting Documentation** |
| Please **redact** all identifying information, except the students’ LASID and DOB, from the following documentation:* Parent/Guardian Consent for Application to the Discovery Plus Program
* Current IEP with LEAP Connect signature page, signed
* Current Psychological Evaluation, and if a waiver, the most recent full evaluation, signed
* Current FBA, Behavior, Health, Sensory, and/or Communication Plans
* Academic Data: State Testing, Progress Reports, Progress Monitoring Data, Universal Screening Data, and UNIQUE Benchmarks Data, etc.
* Additional Data, as applicable: Behavioral Data, Medical Data, Crisis Reports, etc.
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