

IV. LETTER OF RECOMMENDATION
Optional, but highly recommended

I have attached the recommendation form(s) Yes No

Priority will be given to students who submit the recommendation form(s) from a teacher, counselor, or coach.

V. RESPONSIBILITIES

DPI Education Specialist Responsibilities: As an authorized representative of the DPI WEOP program, I approve the above student's participation in any of the DPI WEOP programs and will be responsible for:

1. Conducting monthly college and career readiness meetings at my assigned target schools.
2. Meeting regularly with the student to discuss his/her college and career options.
3. Arranging enrichment programming such as college and career focused workshops, tutoring, mentoring, leadership activities, volunteer opportunities, career exploration, and college visits
4. Advocating and providing academic and social support for the student when necessary
5. Providing information and assistance on applying for scholarships, college admission, and financial aid which includes grants, loans, scholarships, and work study.
6. Monitoring the student's academic performance to assist the student to achieve his/her college potential.
7. Keeping parent(s)/guardian(s) apprised of the student's progress and parent activities.

Education Specialist Signature

Date Signed *Mo./Day/Yr.*

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Student Responsibilities: As a member of the DPI WEOP program, I understand that I have been selected to be a part of this program because I have the potential to attend college. By participating in this program, I will have the opportunity to reach my educational and career goals. Therefore, I agree to take personal responsibility for my actions by:

1. Having a positive attitude, behaving appropriately, and meeting the program's expectations.
2. Attending the monthly DPI WEOP school year meetings, being on time, keeping my scheduled appointments and participating in support services that will help me prepare for my future.
3. Participating in at least 50 percent of the required DPI WEOP monthly school meetings. If I fail to participate in these meetings, I know that I will not be allowed to attend college visits or field trips
4. Acknowledging that if I do not participate in the required monthly school meetings, I will be removed from the DPI WEOP program.
5. Informing my parent(s) or guardians of any DPI WEOP activities that requires their attendance.
6. Contacting my Education Specialist when I cannot make my commitments to the program.
7. Preparing for college by taking the right courses in middle and high school, maintaining good grades, graduating from high school, and applying for college admission and financial aid
8. Notifying the DPI WEOP office if my address, phone, email address, school, and/or grade changes.

Student Signature

Date Signed *Mo./Day/Yr.*

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Parent/Legal Guardian Responsibilities: I understand and agree that the goal of the DPI WEOP program is to assist my child achieve his/her college or career goals. I agree to:

1. Monitor my child's participation in the DPI WEOP program, drop off and pick up my child at the scheduled time, return forms in a timely fashion, and attend DPI WEOP activities when requested
2. Communicate with the DPI WEOP Education Specialist about my child's involvement in the program and his/her academic progress.
3. Approve the release of my son/daughter's academic records to DPI WEOP for counseling and record keeping purposes for the duration that my child is a participant in a DPI WEOP program or until my child graduates whichever occurs first. These records include but are not limited to school transcripts, standardized test scores, class schedule, attendance records, free and reduced price meal information, Free Application for Federal Student Aid (FAFSA®), Student Aid Report (SAR®), college financial aid award notification, and any other records maintained by educational agencies.
4. Allow DPI WEOP to take and use pictures, record videos, and/or name or quote my child in any news releases that are used for promotional purposes in brochures, advertisements, publicity, etc

Parent/Legal Guardian Signature

Date Signed *Mo./Day/Yr.*

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