

**AB 2121 EVALUATION FORM**

Ed Code 51225.1 and 51225.2

**Santa Cruz County Office of Education**

|  |  |  |
| --- | --- | --- |
| **STUDENT NAME - [last, first, middle]:** | | **REFERRAL DATE:** |
| **DATE OF BIRTH: Age:** | **CURRENT GRADE:** | |
| **CURRENT SCHOOL OF ATTENDANCE: SCHOOL DISTRICT:** | | |

|  |  |
| --- | --- |
| **Evaluation type:** | Initial evaluation  Reevaluation |



|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AB 2121 DETERMINATION-***(all three boxes must be checked to be eligible)*  Student meets criteria for 1 (or more) of the 6 following areas:  Foster Youth  McKinney Vento Student  Former Juvenile Court School Student  Migratory Student  Military Family Student  Newcomer Student participating in English language proficiency program.  Student transferred schools in the 3rd or 4th year of high school.  Student not reasonably able to complete district’s graduation requirements by the end of the 4th year of high school. | | | | | | | | | | | | |
| *Check only* ***one*** *box.*  The student ***is not eligible*** for AB 2121 because:  The student ***is eligible*** for AB 2121 | | | | | | | | | | | | |
| **Evaluation completed by:** | | | | | | **Sign:** | | | **Title:** | | | |
| **Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **Title:**  **Name:** | | | **Date:** | | | |
|  | | | | | | | | | | | | |
| **AB 2121 MEETING PARTICIPANTS**  Meeting date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
|  | | | | | Student | |  |  | | | | Admin/Designee |
|  | | | | | Ed Rights Holder | |  |  | | | | Probation Officer |
|  | | | | | Caregiver | |  |  | | | | Social Worker |
|  | | | | | Teacher | |  |  | | | | Other |
|  | | | | | | | | | | | | |
| **SAFEGUARDS & NOTIFICATIONS TO STUDENT AND EDUCATIONAL RIGHTS HOLDER** | | | | | | | | | | | | |
| *Student initials* | | *Ed right holder initials* | |  | | | | | | | | |
|  | |  | | The district is prohibited from requiring eligible students to graduate before the end of his/her fourth year. | | | | | | | | |
|  | |  | | Graduation under AB 2121 may impact a student’s ability to meet the requirements for acceptance into a 4 year California State university/college. The youth is eligible to attend a community college and utilize a course of study that will allow the student to transfer to a 4 year postsecondary institution. For additional information about admission requirements, please visit CaliforniaColleges.edu. | | | | | | | | |
|  | |  | | Graduation under AB 2121 may affect the student’s eligibility for entrance into the military. | | | | | | | | |
|  | |  | | If student is eligible for the exemption, they are not required to accept the exemption and cannot be denied enrollment in courses for which they are otherwise eligible. | | | | | | | | |
|  | |  | | If the student is not eligible to graduate under AB 2121 upon initial evaluation; the student shall be granted an exemption any time if he/she requests and qualifies for it in the future. | | | | | | | | |
|  | |  | | Once the AB 2121 exemption has been granted it cannot be revoked by the school district | | | | | | | | |
|  | | | | | | | | | | | | |
| **SIGNATURES AND PARENT CONSENT** | | | | | | | | | | | | |
| *Student* | ERH | | **Consent** | | | | | | | | | |
|  |  | | I understand and agree that the student *is eligible for AB 2121* and I am accepting the exemption. **The state’s graduation requirements will be the student’s new course of study** | | | | | | | | | |
|  |  | | I understand and agree that student *is eligible for AB 2121*; *however, I am NOT accepting the exemption*. **The district’s graduation requirements of \_\_\_\_\_ credits will continue to be the student’s course of study and the student can remain in district for 5th year to complete district graduation requirements.** | | | | | | | | | |
|  |  | | I understand and agree that student *is not eligible for AB 2121*. **The district’s graduation requirements of \_\_\_\_\_ credits will continue to be the student’s course of study** | | | | | | | | | |
|  | | | | | | | | | | | | |
| *Signature below is to authorize and confirm this agreement with all the areas initialed above:* | | | | | | | | | | | | |
| **Student:** | | | x | | | | | | | **Date:** | **/    /** | |
| **Ed Rights Holder:** | | | x | | | | | | | **Date:** | **/    /** | |