

MONTANA HiSET OPTION PROGRAM SCHOOL DISTRICT APPLICATION



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Superintendent and School Board Chair

Statement of Assurances

School Board Chair _____

School District _____

School _____

Address _____

City _____ County _____

Zip Code _____ Phone _____

Fax _____ E-mail _____

School District Name _____

I hereby confirm that all staff involved with the HiSET Option Program for this school district are aware of and agree to comply with the assurances and program requirements included in the HiSET Option Program application form submitted by this school district.

Upon notification of program approval the district will certify that:

- The proposal has been approved by the school board and is consistent with existing district policies, rules and contracts.
- The district agrees to support the implementation of the HiSET Option Program as proposed in the district application.
- The district agrees to the provisions and requirements of the HiSET Option Program
- The district agrees to provide information as requested by the Montana Office of Public Instruction (OPI) in a timely manner
- The school board has read 10.55.906 of the Montana Annotated Code and understands their legal role in this process.
- It is affirmed by the School Board that all HiSET Option students must be considered full-time students with all the rights, privileges and responsibilities that entails.

Signature of School Board Chair _____ Date _____



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APPROVAL OF APPLICATION

I approve this application.

School Principal

Name _____

Mailing address _____

Telephone _____

E-mail _____

Signature _____ Date _____

District Superintendent of Schools

Name _____

Mailing address _____

Telephone _____

E-mail _____

Signature _____ Date _____



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District Program Coordinator Statement of Assurances

Program Coordinator _____

Program Site _____

Address _____

City _____ County _____

Zip Code _____ Phone _____

Fax _____ E-mail _____

Upon notification of program approval the Program Coordinator will:

- Work collaboratively with the Option team to properly identify students for the program.
- Facilitate smooth operations of the program at the school under the guidelines issued by OPI for registering, monitoring testing, and retesting students.

Signature of District Program Coordinator _____ Date _____



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HiSET Chief Examiner Statement of Assurances

- I agree to provide HiSET testing for HiSET Option Program participants at

(Name of test center)

- I understand that the HiSET Option Program participants may take the official tests provided they come with the waiver from the OPI High School Equivalency Specialist.
- I understand that the HiSET Option Program students must provide identification to test and that identification must conform to the standards set for all testers as prescribed by the Educational Testing Service (ETS).

HiSET Test Center name _____

Address _____

Chief Examiner _____

Signature _____

Date _____



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Guideline 1

HiSET OPTION PROGRAM PARTICIPANT REQUIREMENTS

*Please review the HiSET Option Program Guideline 1 and respond to the questions below.

1. Who from your school district will be responsible for identifying potential HiSET Option Program participants?
2. Who will be responsible for submitting the roster of enrolled HiSET Options students to OPI by the second week of the semester?
3. How will you determine that the student is an appropriate candidate for the HiSET Option Program?



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Guideline 2

**COUNSELING REQUIREMENTS DURING
PARTICIPATION IN THE HiSET OPTION PROGRAM**

*Please review the HiSET Option Program participation Guideline #2 and respond to the questions below.

1. How will the district assure that each participant continues to have access to a guidance counselor, or who will be the counselor for the HiSET Option Program students?
2. What process will your district's HiSET Option Program coordinator use to train all counselors in the program? (Counselors may serve as program coordinators.)
3. How will the district assure that each HiSET Option Program participant will have access to postsecondary career pathway counseling? Will the district assure that all HiSET Option program participants participate in MCIS to develop a career portfolio and transition plan to ensure college and career readiness. If you will not be using MCIS, describe your system.
4. How will the MCIS portfolio and the schools records for HiSET Option Program students be managed and monitored?



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Guideline 3

**HiSET OPTION PROGRAM DESIGN
CURRICULUM AND INSTRUCTION**

*Please review the HiSET Option Program participation Guideline 3 and respond to the questions below.

1. Describe how you will deliver the test preparation and develop skills for postsecondary readiness. Provide a detailed description of how an Option student's typical day might look including the hourly requirements outlined in Guideline 3 and general credit recovery options and college and career readiness opportunities. This is a basic outline and not intended to limit your academic offerings. Include whether the class will be held in the morning or afternoon, one semester or two. And which semester.



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Guideline 5

**HiSET OPTION PROGRAM
AWARDING OF CREDENTIAL**

1. What credential will be granted HiSET Option Program participants who successfully complete the HiSET Option Program?
2. Will you require a higher HiSET passing test score than the state's passing score?
3. Do you agree that if any portion of the contract with the student is not in compliance, the district cannot award a diploma and you will notify the student and their parent or guardian? Also know that the HiSET test scores given within the HiSET Option Program cannot be used in gaining an alternative high school equivalency.

Yes

No



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Guideline 6

**THE HISET OPTION PROGRAM
PLANNING AND OVERSIGHT**

1. Do you understand that the OPI will conduct site visits to ensure compliance with the guidelines?

Yes

No

Guideline 7

**DATA COLLECTION PROCEDURES FOR THE
HISET OPTION PROGRAM**

*Please review the HiSET Option Program Guideline 7 requirements and respond to the questions below.

1. Do you agree to share information with OPI as is necessary during the course of the program?

Yes

No



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Guideline 8

**HiSET OPTIONS PROGRAM TESTING
ADMINISTRATION PROCEEDURES**

*Please review the HiSET Option Program Guideline 8 requirements and respond to the questions below.

1. Is the test center agreement on page 6 signed?

Yes

No

2. Who will be responsible for HiSET Option Program students waiver forms being submitted to the state and presenting them to the local test examiner when approved.

Guideline 9

**CLOSING PROCEDURES FOR THE
HiSET OPTION PROGRAM**

*Please review the HiSET Option Program Guideline 9 requirements and respond to the questions below

1. Do you understand the closing procedures for a HiSET Option Program?

Yes

No

2. Do you understand that program modifications must be submitted to and approved by the OPI?

Yes

No



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Guideline 10

**HISET OPTION PROGRAM
FINANTIAL SUPPORT**

*Please review the HiSET Option program Guideline Manual #10 requirement and respond to the question below.

1. Do you agree to allocate resources that ensure effective delivery of instruction to HiSET Option Program students?

Yes

No



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Please respond to each item with the name and job title of one or more individuals assigned this task.

1. Coordinating the HiSET Option Program.
2. Identifying potential program participants.
3. Assessing students reading, math, and writing qualifications.
4. Meeting with potential participants and parent(s) or legal guardian(s) to explain the HiSET Option Program.
5. Teaching HiSET Preparation classes
6. Monitoring the progress of the career portfolio and transition plan.
7. Monitoring attendance.
8. Monitoring the participant's progress.
9. Giving official practice tests to participants.
10. Arranging for official testing for the participants.
11. Following up on test results
12. Arranging for official recognition of graduates
13. Collecting any data for the annual report as requested.
14. Meeting with OPI for site monitoring.



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