

# ESD

## JEFFERSON COUNTY EDUCATION SERVICE DISTRICT

295 SE BUFF STREET MADRAS, OREGON 97741 (541) 475-2804 FAX (541) 475-2827 Kay Baker, SUPERINTENDENT

2009 - 2010 School Year

Dear Parent/Guardian:

Thank you for contacting the Jefferson County Education Service District regarding your intent to home school your child/children. Enclosed you will find:

- Informational Packet
- Brochure with Athletic Participation Guidelines
- Notification of Intent to Home School Form

Please complete the information on the Notification of Intent to Home School form and mail it back to our office. I have provided a self-addressed envelope for your convenience.

The following information is a summary of procedures regarding the home schooling of your child/children:

- ✓ **NOTIFICATION:** In order to comply with the compulsory school attendance law the ESD must be notified of your intent to home school within **10 days** of beginning to home school, withdrawing your child from public or private school or moving to a new ESD region. The ESD will acknowledge receipt of your notification in writing. Until the ESD receives notification from you of a change in placement, your child will continue to be registered in our office as home schooled.
- ✓ **TESTING:** An approved test must be administered by a qualified, neutral test administrator. A list of qualified testers and a list of tests approved by the State Board of Education can be obtained from our office or through the Oregon Department of Education. Children involved in home schooling must be tested before the end of grades 3<sup>rd</sup>, 5<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup>. For new home school students, the first examination must be taken at least 18 months after the date on which the child was withdrawn from public school. Students participating in interscholastic activities need to be tested annually at the end of each school year.
- ✓ **CURRICULUM:** Parents/guardians are responsible for the acquisition and cost of materials and curriculum. A list of associations and support groups can be obtained through the ESD Office.
- ✓ **SPECIAL EDUCATION:** For children with disabilities satisfactory educational progress is determined according to recommendations of the IEP. Parents of identified children will be contacted and offered access to special education and related services.

Specific details and rules regarding legal guidelines for home schooling are available at our office or you may also access home school information from the Department of Education's website at:

[www.ode.state.or.us](http://www.ode.state.or.us)

- ❖ On the Left Menu Column Click on *Teaching and Learning*
- ❖ Click on *Diverse Learning*
- ❖ Click on *Home Schooling*

If we can be of any further assistance, please feel free to contact our office.

Sincerely,

Jefferson County ESD

# Notification of Intent to Home School

Jefferson County Education Service District  
295 SE Buff Street • Madras, OR 97741  
(541) 475-2804

Current School Year \_\_\_\_\_  
(check one) New: \_\_\_\_\_ Renewal: \_\_\_\_\_

**Please return original to the ESD and a signed copy will be returned to you by mail.**

1. Parents/Guardians: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Mailing if Different: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Home Phone Number: \_\_\_\_\_ Work or Other Phone Number: \_\_\_\_\_
5. Email Address (optional): \_\_\_\_\_
6. Name of Child: a. Last: \_\_\_\_\_ First: \_\_\_\_\_  
b. Last: \_\_\_\_\_ First: \_\_\_\_\_  
c. Last: \_\_\_\_\_ First: \_\_\_\_\_  
d. Last: \_\_\_\_\_ First: \_\_\_\_\_
7. Date of Birth: a. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_
8. Current Resident School District: \_\_\_\_\_
9. Last School Attended: \_\_\_\_\_ State (if not Oregon): \_\_\_\_\_

**Important:**

**Special Services Section**

Is your child presently on an IEP? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes Child's Name: \_\_\_\_\_  
Is your child receiving or eligible to receive Special Education services from a public school? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Local School District Contact: \_\_\_\_\_  
As a home schooled student, would you like for your student to continue receiving these services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Optional:** What is the reason you have chosen to home school your child. Please check applicable box or boxes.

Life Style  Religion  Public School System  Medical  One on One Education  Other

*I am providing the above information to the Jefferson County ESD to supply notification that the above named child will receive home instruction per OAR 581-21-0026. I understand that notice must be filed with the Jefferson County ESD within ten calendar days of withdrawing the above named child from public school. I understand this information will be provided to the resident district. **After 18 months from notification date, I understand that test scores are due by August 15<sup>th</sup> following the end of 3<sup>rd</sup>, 5<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup> grades.***

**The returned, signed copy of the notification will serve as a request for required test scores.**

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Please notify the ESD if returning your child to public or private school or if you move out of your current school district.

**TO BE COMPLETED BY JEFFERSON COUNTY ESD ONLY**

Your students test scores or IEP, PDP Progress Report are due by:

- a. August 15<sup>th</sup>: 20\_\_\_\_ End of: \_\_\_\_\_ grade, or no further scores are required from this student
- b. August 15<sup>th</sup>: 20\_\_\_\_ End of: \_\_\_\_\_ grade, or no further scores are required from this student
- c. August 15<sup>th</sup>: 20\_\_\_\_ End of: \_\_\_\_\_ grade, or no further scores are required from this student
- d. August 15<sup>th</sup>: 20\_\_\_\_ End of: \_\_\_\_\_ grade, or no further scores are required from this student

\_\_\_\_\_  
Date: \_\_\_\_\_

**Not valid unless signed and dated.**

Office Use Only  
Data Base

Date Received: