



School District 622

NORTH ST. PAUL | MAPLEWOOD | OAKDALE

Ready for tomorrow

Greetings!

We are excited that your child wants to participate in Skyview Middle School's Targeted Services school year programming. Targeted Services is part of the state ALC (Alternative Learning Center) funding designed for early intervention and prevention programming for students K-8 who are at risk of potentially needing ALC services during grades 9-12 or at risk of dropping out of school. (Minn. Stat. 124D.68)

Our after school programming is referred to as **TOPS: Targeted Opportunities for Personal Success**. TOPS courses are made possible for qualifying students through funds available by the Minnesota Department of Education. Students are eligible based on criteria set forth by the state, district, and by recommendation of your child's teachers.

A **CLP (Continual Learning Plan)** is an important part of the program, and it will require a parent or guardian signature. The official CLP is *in addition* to this registration form and will be sent home at a later date using the qualification information listed on the registration provided by parents/guardians.

Session Dates: Tuesday, September 21st– Thursday, November 18th

Days: Tuesdays and/or Thursdays (not all classes meet every day)

Time: 2:00–4:00 pm

An after school activity bus is available for those who live Skyview Middle's attendance area. The bus departs at 4:00 pm.

Your child is expected to attend as many classes as possible and show up on time. Students are also expected to meet school behavior expectations. If a student is repeatedly late, has five consecutive absences, or does not meet behavioral expectations, their spot will be forfeited for students on the waiting list.

If you have specific questions and/or concerns, please do not hesitate to contact me or any of your child's teachers.

With Kind Regard,

Aaron Kangas
Skyview Middle Targeted Services Site Coordinator
akangas@isd622.org
651-702-8184

Please return **ONLY** the attached registration form to the TOPS BOX in the MAIN OFFICE by Friday, September 17th.

***** Please KEEP THIS PAGE for your records *****

TOPS Session One Calendar

*Please note: Classes are sometimes cancelled at last minute due to teacher conflicts. In this case, it will be on the morning announcements or announced during the school day. Please create a backup plan with your child so that they know what to do when this happens.

September 2021				
M	Tu	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	(21)	22	(23)	24
27	(28)	29	(30)	

October 2021				
M	Tu	W	Th	F
				1
4	(5)	6	(7)	8
11	12	13	14	15
18	(19)	20	21	22
27	28	29	30	

November 2021				
M	Tu	W	Th	F
1	2	3	(4)	5
8	(9)	10	(11)	12
15	(16)	17	(18)	19
22	23	24	25	26
29	30			

TOPS Teacher Contact Information

Contact your child's TOPS teacher with any questions about the class or attendance concerns.

CLASS	TEACHER(S)	EMAIL
LEGO Masters	Ms. Jennifer Stoll	jstoll@isd622.org
K-Pop	Mr. Joshua Wendorf	jwendorf@isd622.org
Minecraft	Mr. Drew Thompson Ms. Kellie Kroc	athompson@isd622.org kkroc@isd622.org
Creativity Club	Ms. Leslie Gorman	lgorman@isd622.org
Critter Club	Ms. Jeanette Landin	jlandin@isd622.org

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TOPS REGISTRATION

Return to TOPS box in the Main Office by Friday, September 17th

If you are enrolling after the September 17th deadline: This form must be completed before you can attend a class. Please bring it to the TOPS box in the Main Office. You cannot attend until your enrollment has been confirmed.

Student's First Name: _____ **Last Name:** _____

Grade: _____ **Student ID Number:** _____

RANK your TOP THREE class choices (1=1st choice, 2=2nd choice, 3=3rd choice)

You can only sign up for one class per session! You are ranking them in case you don't get your first choice. You can go to your first choice on the first day, unless you are contacted by Mr. Kangas and told otherwise.

_____ LEGO Masters

_____ K-Pop

_____ Minecraft

_____ Creativity Club

_____ Critter Club

Parent/ Guardian Signature: _____

Did the student attend a Summer TOPS class?

Yes! Class Name: _____ = STOP here, and turn the form in to the main office. *(The remainder of this sheet does not need to be completed because the student's qualifier is on file from the summer registration form. If it is not on file, it will be turned back to the student for completion.)*

No = Continue below. The rest of this registration form must be completed. Incomplete registration forms will be handed back to the student for completion.

CONTINUED ON BACK

*Both sides of the registration sheet must be correctly completed to attend a TOPS class.

ELIGIBILITY

You know your child best, and the information you provide on this registration form will help determine eligibility for creating the official CLP which will be sent home at a later date for a signature.

Current supports/services the student is receiving (*check all that apply*):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> MTSS | <input type="checkbox"/> EL | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Social Worker | <input type="checkbox"/> None _____ |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Psychologist/School Counselor | |

Academic performance status:

Skyview staff will complete this section, but you can indicate any known areas

- Reading: MAP percentile score in comparison to grade level norms: _____
- Math: MAP percentile score in comparison to grade level norms: _____
- Fastbridge Reading: High risk Some risk
- Fastbridge Math: High risk Some risk
- MCA Reading: Does not meet standards Partially meets standards
- MCA Math: Does not meet standards Partially meets standards

Graduation Incentives Eligibility Criteria = TOPS Qualifiers

A qualifier is required. All goals listed in the section below can be directly linked to a qualifier in this list. (*Hint: use the goals as a starting point; if you can identify a goal below, it can be linked to a qualifier.*) This information is kept confidential and is required to demonstrate the student meets state requirements for participation. The criteria below reflects qualifications for K-12 students.

Check all that apply:

- Performs substantially below the performance level for pupils of the same age in a locally determined achievement test = has some level of risk from a standardized test (*indicated in Academic Performance section*)
- Is behind in satisfactorily completing coursework = missing assignments and/or has difficulty staying organized independently without adult/parent/guardian help
- Has been assessed as chemically dependent
- Has been excluded or expelled according to sections 121A.40 to 121A.56
- Is a victim of physical or sexual abuse
- Has experienced mental health problems (Example: anxiety, has trouble making or keeping friends, poor attitude about school, gets stressed easily, etc...)
- Has experienced homelessness
- Speaks English as a second language or is an English learner
- Has withdrawn from school or has been chronically truant
- Is being treated in a hospital for cancer or other life threatening illness or is the sibling of an eligible pupil who is being currently treated

The GOAL(S) for this student are to INCREASE/IMPROVE...

Please keep the class that your child is registering for in mind when choosing the goal(s). For example: if enrolling in Minecraft, some relevant goals might be: problem solving, attention to task, conflict resolution skills, peer relationships, etc.

Check all that apply.:

- | | |
|--|---|
| <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Problem solving skills |
| <input type="checkbox"/> Verbal communication | <input type="checkbox"/> Organization skills |
| <input type="checkbox"/> Written communication | <input type="checkbox"/> Ability to follow instructions |
| <input type="checkbox"/> Listening skills | <input type="checkbox"/> Management/coping when stressed/frustrated |
| <input type="checkbox"/> Math: addition/subtraction | <input type="checkbox"/> General health |
| <input type="checkbox"/> Math: multiplication/division | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Completion of assignments | <input type="checkbox"/> Conflict resolution skills |
| <input type="checkbox"/> Attention to task | <input type="checkbox"/> Peer relationships/group skills |
| <input type="checkbox"/> Attitude about school | |