



Cassville R-IV School District

1501 Main Street Cassville, Missouri 65625
(417) 847-3137

Best Educational Interest Determination and Request for Virtual Courses

Student Name: _____ Grade: _____

Student Email: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Course Provider: _____ Term: _____

Course Request:

STUDENT RESPONSES

District Course Availability

1. If the course is offered onsite by the district, are there extenuating circumstances that make it difficult or impossible for the student to take the onsite course offered by the district?

NO: _____

YES: _____

If yes, what are the reasons for the student wanting to take the virtual course? _____

Other Relevant Factors

1. Does the student have adequate access to computers, Internet, and other necessary technology to participate in a virtual course and complete assignments? YES: _____ NO: _____
2. If the student previously attempted a virtual course and struggled with or failed the class, have the issues that caused the problem been identified and addressed? YES: _____ NO: _____
If yes, please explain how they have been addressed:



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DISTRICT RESPONSES

Virtual Course Characteristics

1. Does the course meet or exceed district curriculum standards and graduation requirements?
YES: _____
NO: _____
2. Does the course align with the student's career goals and the student's individual career and academic plan (ICAP)?
YES: _____
NO: _____
3. If the course is for remediation, will it meet the student's instructional needs?
YES: _____
NO: _____
4. Has the student demonstrated time-management skills that indicate that the student is capable of submitting assignments and completing course requirements without reminders?
YES: _____
NO: _____
5. Has the student demonstrated persistence in overcoming obstacles and a willingness to seek assistance when needed?
YES: _____
NO: _____
6. Has the student demonstrated verbal or written communication skills that would allow the student to succeed in an environment where the instructor may not have sufficient nonverbal cues to indicate the student's level of understanding?
YES: _____
NO: _____
7. Does the student have the necessary computer or technical skills to succeed in a virtual course?
YES: _____
NO: _____
8. Is the district aware of any complaints or concerns regarding the quality of the course and have those complaints or concerns been resolved?



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YES: _____

NO: _____

9. Has the district had difficulty working with the course instructor or provider to ensure the student with disabilities receives the required accommodations or modifications?

YES: _____

NO: _____

To ensure virtual instruction is in the best educational interest of the student, the following guidelines will apply upon approval:

- Student must spend the first 5 days of virtual instruction seated at the district for training and correct implementation of the program (special circumstances can apply).
- Student will then be on a monitored status for the next 10 days and must prove they are working and able to navigate the program appropriately while off campus.
- Student will be withdrawn from the virtual instruction program and moved back to campus if adequate progress is not made.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Name of Principal or Designee

Signature of Principal or Designee

Date



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Virtual Course Enrollment Determination

To: _____ (parent/guardian/student),
_____ (student) requested to enroll in one or more virtual courses. The district has made the following determinations:

APPROVED FOR ENROLLMENT

The student has been approved to enroll in the following virtual courses:

DECLINED FOR ENROLLMENT

The district has determined that, in accordance with Board policy and procedure, it is not in the best educational interest of _____ (student's name) to enroll in the following requested courses for the following good-cause reasons:

Name of Virtual Course	Reason for Denying Enrollment

Name of Principal or Designee

Signature of Principal or Designee

Date