**Academic Programming Agreement**

An academic programming agreement is made between the interim program and the responsible school when circumstances lead to a disruption of the educational program of a student due to a temporary assignment or placement in an interim program (a youth development center, a hospital or other facility for the purpose of unplanned medical or psychiatric treatment, or any other program or school approved by the Department, except a program or school in which a student is placed pursuant to an individual education plan or a superintendent transfer under [MRS 20-A §5205](http://www.mainelegislature.org/legis/statutes/20-A/title20-Asec5205.html)) in accordance with [MRS 20-A §5161](http://www.mainelegislature.org/legis/statutes/20-A/title20-Asec5161.html), sub-section 3.

The agreement is signed by both the interim program and the responsible school through which the responsible school agrees to accept the academic programming, credits and documentation of achievement of the standards completed by a student in the interim program.

**This form is required when the responsible school does not provide individual educational materials such as curricula and assignments to the interim program within 5 days of becoming aware of the placement in an interim program (**[MRS 20-A §5163](http://www.mainelegislature.org/legis/statutes/20-A/title20-Asec5163.html)**, sub-section 1(A)(2)).**

*Please complete and sign at the bottom.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ had attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Responsible School Name*

*Student’s Name*

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is currently

*Withdrawal Date*

*Enrollment Date*

attending school at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Enrollment Date*

*Interim Program*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to accept the academic programming, credits and

*Responsible School Name*

documentation of achievement of the standards completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student’s Name*

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*Interim Program*

*Street Address*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Telephone Number*

*City, State, Zip Code*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible School Representative Signature

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interim Program Representative Signature

Date