



**Doniphan R-I  
MOCAP/LAUNCH Course Consideration  
Meeting Agenda**

Student: \_\_\_\_\_ MOSIS: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Course Requested: \_\_\_\_\_

Does Doniphan R-I offer the same course: \_\_\_\_ Yes \_\_\_\_ No

**Meeting to discuss options with Parents/Student held** \_\_\_\_/\_\_\_\_/\_\_\_\_

In Attendance:

\_\_\_\_\_ Parent \_\_\_\_\_ Principal/Designee

\_\_\_\_\_ Counselor \_\_\_\_\_ Role: \_\_\_\_\_

\_\_\_\_\_ Student \_\_\_\_\_ Role: \_\_\_\_\_

**Parents/Students educated on:**

How virtual instruction is provided? \_\_\_\_\_

Virtual course options? \_\_\_\_ Prerequisites? \_\_\_\_ Traditional offerings? \_\_\_\_

***Best Educational Interest Considerations***

If the course is offered on site by the district,\* are there extenuating circumstances that make it difficult or impossible for the student to take the course offered by the district. If so, document those circumstances.

If the course is offered onsite by the district\* and the student is able to take that course, what is the reason the student wants to take the virtual course?

*\*Only courses offered onsite at Doniphan High School will be eligible for weighted credit.*

***Virtual Course Characteristics***

Does the course meet or exceed district curriculum standards and graduation requirements? \_\_\_\_ Yes \_\_\_\_ No

Does the course align with the student's career goals and the student's individual career and academic plan (ICAP)?  
\_\_\_\_ Yes \_\_\_\_ No

If the course is for remediation, will it personalize instruction to the student's specific needs? \_\_\_\_ Yes \_\_\_\_ No

Is the district aware of any complaints or concerns regarding the quality of the course, and have those complaints or concerns been resolved? \_\_\_\_ Yes \_\_\_\_ No

Has the district had difficulty working with the course instructor or provider to ensure a student with disabilities receives the required accommodations or modifications? \_\_\_\_ Yes \_\_\_\_ No

***Student Skills Necessary for Success in Virtual Classes***

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

Has the student demonstrated persistence in overcoming obstacles and willingness to seek assistance when needed? \_\_\_\_ Yes \_\_\_\_ No

Has the student demonstrated verbal or written communication skills that allow the student to succeed in an environment where the instructor may not have sufficient nonverbal cues to indicate a student's level of understanding? \_\_\_\_ Yes \_\_\_\_ No

Does the student have the necessary computer or technical skills to succeed in a virtual course? \_\_\_\_ Yes \_\_\_\_ No

***Other Relevant Factors***

Does the student have adequate access to computers, internet, and other technology resources to participate in a virtual course and complete assignments? \_\_\_\_ Yes \_\_\_\_ No

If the student has previously attempted a virtual class and struggled with or failed the class, have the issues that caused the student to struggle or fail been resolved? \_\_\_\_ Yes \_\_\_\_ No

Other factors considered: \_\_\_\_\_  
\_\_\_\_\_

District approves probationary enrollment\*\* in course \_\_\_\_ District denies enrollment in course \_\_\_\_

Principal/Designee \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If the course request is denied, a letter documenting denial was sent to parent/guardian on \_\_\_/\_\_\_/\_\_\_\_\_

CC: Counselor

**Step 2: Student File**

*\*\*Student progress in the virtual course(s) will be monitored for a period of 15 days. Any student failing their virtual course(s) within the first 15 days will be dropped from the course(s) and returned to a traditional onsite course.*