

SOMERSET PUBLIC SCHOOLS/SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT EDUCATION SERVICE PLAN

In accordance with the Massachusetts General Laws Chapter 71, Sections 37H, 37H 1/2, and 37H 3/4, the SBRSD/Somerset Public School District must provide opportunities for students to earn credits, make up assignments, tests, papers, and other school work as needed to make academic progress during the period of his or her in school suspension, short-term suspension (10 days or less), long-term suspension (10 days or more) or expulsion. Any student who is expelled or long-term suspended from school, for more than ten (10) consecutive days, may select one of the following education service options for the duration of the school suspension:

_____ Access to tutoring services:

Students choosing this option are expected to attend tutoring sessions at a designated public site identified by the school district. The tutoring will be provided by qualified SBRSD/Somerset personnel or contracted providers as assigned by the SBRSD/Somerset Public Schools. The academic work will be consistent with the academic standards and curriculum frameworks established for all students under G.L. c. 69 §§1D and 1F. Students' tutoring schedule is by appointment and prepared weekly.**

****Based upon the availability of qualified tutors, tutoring services may only be available before or after school hours.**

_____ Access to online education

Students choosing this option are enrolled in an online platform and taught by MA licensed teachers in each subject area. Work hours are flexible but students are expected to access online instruction by logging in at least 5 days per week for a minimum of 45 minutes to an hour per subject. Daily attendance is imperative in order to ensure success in the virtual program. The academic work will be consistent with the academic standards and curriculum frameworks established for all students under G.L. c. 69 §§1D and 1F. Tutoring may be an option to assist with the completion of online courses to assist students with disabilities and provision of special education services.

Period of Expulsion or Suspension: From: _____ To: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PLEASE MAKE YOUR SELECTION AND RETURN THIS FORM TO THE PRINCIPAL OF YOUR SCHOOL,
WHO WILL ARRANGE FOR THE SERVICES. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT

_____ AT _____