

DALLAS HIGH SCHOOL

1250 SE Holman Ave
Dallas OR 97338
www.dsd2.org



Confirmation of Passing State Assessments for a Modified Diploma Student

The following Student is on a Modified Diploma:

Student Name: _____

Graduation Year: _____

Has this student ever been on a 504 Plan or an IEP: **Y** **N** (If no, student must do work samples to meet Essential skills Req.)

Work Sample Scores required to earn a Modified Diploma: (As determined by team members below)

Writing: _____

Reading: _____

Math: _____

This student is now on or has been on a 504 Plan: **Y** **N**

This Student is now on or has been on an IEP: **Y** **N**

OAKS Scores required to earn a Modified Diploma: Or **Work sample scores required:**

Writing: _____

Writing: _____

Reading: _____

Reading: _____

Math: _____

Math: _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Case Manager _____ Date _____

Counselor _____ Date _____

Teacher _____ Date _____

Administrator _____ Date _____

Principal, Steve Spencer
Assistant Principal, Darlene Geddes
Assistant Principal, Brian Green
Athletic Director, Tim Larson

**HOME
OF THE
DRAGONS**

Main Office 503.623.8336
Fax 503.623.4669
Athletic Department 503.831.1976
Dallas School District 503.623.5594
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