



# ATTENTION: **2B** GRADUATES

Have you completed all of your high school courses and haven't yet graduated because you still need to pass one or more parts of the OGT?

You are not alone! We are here to help!

Sign up for FREE tutoring **and** sign up to take the OGT! You can do this!

Columbus City Schools will offer the Summer Institute to assist students in preparing for the summer administration of the Ohio Graduation Test (OGT).

Summer OGT Institute Dates: June 2-6 and/or June 9-13, 2014

Location: Arts Impact Middle School  
680 Jack Gibbs Blvd  
Columbus, OH 43215

Times: 8:00 a.m. - 10:00 a.m. and/or 10:05 a.m. - 12:05 p.m.

Cost: The Institute is free and for CCS students only

To participate, students **MUST**:

- **Complete the Summer Institute Registration (Form A) and the Summer Institute Emergency Medical Authorization form** and mail them to: Northgate Center Attn: Karmen McCaslin 6655 Sharon Woods Blvd. Columbus, OH 43229 by May 23, 2014

**AND**

- **Complete the Ohio Graduation Test Registration (Form B) and the Summer OGT Testing Emergency Medical Authorization form** and return them to the Office of Research and Testing located at 1091 King Ave., Columbus, OH 43212 by May 30, 2014.

VISIT <http://www.ccsok.us/Graduates2B.aspx> TO OBTAIN THE NECESSARY FORMS

|   |   |  |
|---|---|--|
| <p><b>Ohio Graduation Test Dates</b><br/>         June 16, 2014 – Reading<br/>         June 17, 2014 – Math<br/>         June 18, 2014 – Writing<br/>         June 19, 2014 – Science<br/>         June 20, 2014 – Social Studies</p> | <p>Results from the March OGT Test Administration are due late May. Call Karmen McCaslin for your results. You can always apply for the summer institute and then cancel your registration if you no longer need to attend.</p> | <p>There will be changes to the Graduates 2B program next year. Please visit the website for updated contact information or call 365-5000. It has been a sincere pleasure working with you! Don't give up!</p> |
|---|---|--|

Please contact Karmen McCaslin at [kmccasli@columbus.k12.oh.us](mailto:kmccasli@columbus.k12.oh.us) or 365-5025 or contact Lisa Carney at 365-8993 if you have questions.

## Frequently Asked Questions

**Q: Which tests will be given this summer?**

**A:** The Ohio Graduation Tests (OGT) will be given in all five subject areas: Reading, Writing, Math, Science and Social Studies.

**Q: Am I eligible to be tested this summer?**

**A:** In order to test this summer, a student must have completed grade 10 and **MUST** receive a minimum of 10 hours of tutoring in *each* subject area to be tested. Students have the option to receive tutoring hours at the CCS Summer Institute *and/or* arrange for independent tutoring from a qualified individual or organization of their choosing.

Students must also complete the Ohio Graduation Test Registration (Form B) and return it to their guidance counselor. Forms can also be mailed or faxed, on or before May 30, 2014, to:

Kingswood Data Center  
Office of Research and Testing  
1091 King Ave  
Columbus, OH, 43212  
(614) 365-5122 - fax

**Q: Must I take tutoring through the Columbus City Schools?**

**A:** No. Students wishing to take independent tutoring outside of the Summer Institute are permitted to do so. Students may receive tutoring from an organization, a school, or a qualified individual. Students using this option must complete the Ohio Graduation Registration Test (Form B) **ONLY** and obtain required signatures to verify tutoring.

**Q: Where and when will the tests be given?**

**A:** All tests will be given the week of June 16, 2014 at Arts Impact Middle School, on the Ft. Hayes Campus, located at 680 Jack Gibbs Blvd. Testing will begin promptly at 8:00 a.m. and those who are late will not be admitted. Each test may take up to 2½ hours. Make-up tests will not be given.

**Q: Will I need to bring anything to testing?**

**A:** Yes. You will need to bring a school or Ohio picture I.D. to *each* testing session.

**Q: Will there be priority registration for Summer Institute classes?**

**A:** Yes. Priority enrollment for the Summer Institute will be given to 12<sup>th</sup> graders with second priority given to 11<sup>th</sup> graders. Summer Institute spaces are limited.

**Q: How do I register for Summer Institute?**

**A:** By May 23, 2014, complete the Summer Institute Registration Form (Form A) and the Summer Institute Emergency Medical Authorization form and return them to your guidance counselor or send them to:

Northgate Center  
Attn: Karmen McCaslin  
6655 Sharon Woods Blvd  
Columbus, OH 43229  
Fax: 365-8334

**Q: Is that all I have to do?**

**A:** No. By May 30, 2014, you must also complete the Ohio Graduation Test Registration (Form B) and the Summer OGT Emergency Medical Authorization form.

**Q: Where and when will Summer Institute classes take place?**

**A:** All classes will be from 8:00-10:00 and/or from 10:05-12:00 at Arts Impact Middle School.

**Q: Is there any charge for Summer Institute?**

**A:** No.

**Q: Must I be a currently enrolled CCS student to participate in Summer Institute and this testing?**

**A:** Yes.

**Q: Will I earn any credit for Summer Institute?**

**A:** No.

**Q: For how many Summer Institute courses may I register?**

**A:** You may register for one, two, three or four courses.



# Summer Institute 2014 (OGT Tutoring) Registration (Form A)

Student Name \_\_\_\_\_ CCS Student I.D. # \_\_\_\_\_

(Last) (First) (Middle Initial)  
Student's Gender \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth \_\_\_\_\_

What is your current school? \_\_\_\_\_ Current grade \_\_\_\_\_

**CIRCLE the session, courses and times desired. You may sign up for one or two courses offered during one or both sessions (up to four courses).**

| Session A: June 2-6, 2014 |                            |
|---------------------------|----------------------------|
| 8:00-10:00 Writing        | 10:05-12:05 Writing        |
| 8:00-10:00 Reading        | 10:05-12:05 Reading        |
| 8:00-10:00 Math           | 10:05-12:05 Math           |
| 8:00-10:00 Social Studies | 10:05-12:05 Social Studies |
| 8:00-10:00 Science        | 10:05-12:05 Science        |

AND  
OR

| Session B: June 9-13, 2014 |                            |
|----------------------------|----------------------------|
| 8:00-10:00 Writing         | 10:05-12:05 Writing        |
| 8:00-10:00 Reading         | 10:05-12:05 Reading        |
| 8:00-10:00 Math            | 10:05-12:05 Math           |
| 8:00-10:00 Social Studies  | 10:05-12:05 Social Studies |
| 8:00-10:00 Science         | 10:05-12:05 Science        |

### Summer OGT Testing Dates:

|                |                |                |                |                       |
|----------------|----------------|----------------|----------------|-----------------------|
| <b>June 16</b> | <b>June 17</b> | <b>June 18</b> | <b>June 19</b> | <b>June 20</b>        |
| <b>Reading</b> | <b>Math</b>    | <b>Writing</b> | <b>Science</b> | <b>Social Studies</b> |

Note: You may test in the summer ONLY IF:

- you have completed grade 10 or above, and
- you have received a minimum of 10 hours of tutoring in EACH subject area in which you will be tested, and
- you have completed and returned the OGT Testing Registration Form (Form B) and Emergency Medical Authorization form, and
- you produce a picture I.D. each day of testing

OGT Summer Institute (OGT Tutoring) will take place at Arts Impact Middle School located at 680 Jack Gibbs Blvd, Columbus, OH 43215 (on the Fort Hayes campus).

The signer of this application certifies that the above named student will complete 10 hours of tutoring in each needed subject(s) indicated prior to the test date, and therefore, will be eligible to take the appropriate test(s).

The enrolled student agrees to abide by the summer term expectations and policies as stated in this brochure.

Parent/Guardian Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*The attached Summer Institute Emergency Medical Authorization Form must also be submitted in order for this registration form to be processed.

Submit both forms by May 23, 2014 to:

Northgate Center  
 Attn: Karmen McCaslin  
 6655 Sharon Woods Blvd  
 Columbus, OH 43229  
 Fax: 365-8334



# EMERGENCY MEDICAL AUTHORIZATION

O.R.C. 33313.712  
Columbus City Schools | Summer Institute 2014

**REQUIRED OF ALL PARTICIPANTS**

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name: \_\_\_\_\_ Gender:  Female  Male Age: \_\_\_\_\_

Local Address: \_\_\_\_\_

Residential STREET CITY ZIP

Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAYTIME / WORK HOME OTHER

Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAYTIME / WORK HOME OTHER

Other Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAYTIME / WORK HOME OTHER

**\*\* PART 1 OR PART 2 MUST BE COMPLETED \*\***

## PART 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me or the other emergency contact at the above listed numbers have been unsuccessful, I hereby **give my consent** for:

1) The administration of any treatment deemed necessary (except surgery, see below) by either:

Preferred physician: Dr. \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Preferred dentist: Dr. \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2) The transfer of my child to the below hospital or any hospital reasonably accessible.

Preferred Hospital \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3) Surgery, only if two licensed physicians agree that it is necessary to proceed without my notification.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if differs from above): \_\_\_\_\_  
STREET CITY ZIP

**\*\* DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1 \*\***

## PART 2 – TO REFUSE CONSENT

I **do not give my consent** for emergency medical treatment for my child. In the event of illness or injury requiring treatment, I WISH THE SCHOOL AUTHORITIES TO

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if differs from above): \_\_\_\_\_  
STREET CITY ZIP



# Ohio Graduation Test 2014 Registration (Form B)

Current CCS students who meet the requirements and wish to take one or more sections of the OGT this summer **must** complete this registration form and the OGT Testing Emergency Medical Authorization Form to participate in summer OGT testing.

|  |                          |                    |
|--|--------------------------|--------------------|
| Name _____<br>(Last) (First) (Middle Initial)  | Date of Birth _____      |                    |
| Address _____  |                          |                    |
| School in May _____  | CCS Student number _____ | Grade in May _____ |
| Home Phone: _____  | Cell Phone: _____        | Work Phone: _____  |
| Is English your primary language? Yes No If no, what is your primary language? _____<br>(circle yes or no) |                          |                    |

Place a check mark (✓) by the subject(s) in which you want to test. Include the name, signature and phone number of the tutor(s) who will be working with you. If you will be attending Summer Institute, just write "Summer Institute" in the Tutor Name column. If you are a Graduate 2B student, just write "Graduate 2B Student" in the Tutor Name column.

| Subject          | Test Date | Tutor Name | Tutor Signature | Phone # |
|------------------|-----------|------------|-----------------|---------|
| ___ Reading      | June 16   | _____      | _____           | _____   |
| ___ Math         | June 17   | _____      | _____           | _____   |
| ___ Writing      | June 18   | _____      | _____           | _____   |
| ___ Science      | June 19   | _____      | _____           | _____   |
| ___ Soc. Studies | June 20   | _____      | _____           | _____   |

Testing begins each day at 8:00 a.m. You must present a school or a valid picture I.D. each day of testing.

Return the completed Ohio Graduation Test Registration (Form B) and OGT Testing Emergency Medical Authorization Form by **May 30, 2014** to your school guidance counselor or send to:

**Kingswood Data Center  
Office of Research and Testing  
1091 King Ave  
Columbus, OH 43212  
Phone (614) 365-5050 Fax (614) 365-5122**



# EMERGENCY MEDICAL AUTHORIZATION

O.R.C. 33313.712

Columbus City Schools | Summer OGT Testing 2014

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Student Name: \_\_\_\_\_ Gender:  Female  Male Age: \_\_\_\_\_

Local Address: \_\_\_\_\_  
STREET CITY ZIP

Residential Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAYTIME / WORK HOME OTHER

Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAYTIME / WORK HOME OTHER

Other Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAYTIME / WORK HOME OTHER

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Preferred dentist: Dr. \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2) The transfer of my child to the below hospital or any hospital reasonably accessible.

Preferred Hospital \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3) Surgery, only if two licensed physicians agree that it is necessary to proceed without my notification.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if differs from above): \_\_\_\_\_  
STREET CITY ZIP

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if differs from above): \_\_\_\_\_  
STREET CITY ZIP