PARTNER SCHOOL CONTACT DESIGNATION FORM

EXPLANATION OF ROLES AT EACH PARTNER SCHOOL

The Partner Agreement and Contact Designation form designates IVS contacts at each school to assist with vital functions and student support. Please read the role descriptions below before designating a contact person for each IVS role in the Contact Designation Form (pages 7-8).

REGISTRAR: *IVS requires at least one registrar per school.* A school may choose to add a second registrar if desired. The registrar acts as the main school contact. The IVS Registrar is given login credentials in IVS's Student Information System (MAESTRO), which allows access to perform the following functions:

- Approves OR deletes student requests in MAESTRO. An email is sent to the Registrar when a student requests a course.
- Processes requested course drops. An email is sent to the Registrar when a student requests to drop a course.
- Submits student extension requests as necessary using the Request for Extension form located under the "External Links" tab in MAESTRO. See "Extensions for Full Service Courses" on page 5 for more details.
- Generates student Completion Reports using MAESTRO. Visit http://helpdesk.ilvirtual.org under "Schools" for a full help guide. The registrar is also the contact for transferring credit to local student transcripts based on the final percentage located on the completion report provided by IVS. See "Credit/IVS Completion Report" on page 3 for more information.
- Requests disability services for students with IEPs/504 education plans (See the Statement of Understanding located at the bottom of the Partner Packet form on page 8).
- Suggests courses to students, manages student information within MAESTRO, and can monitor student progress.

INVOICE CONTACT: *IVS requires one invoice contact per school.* The IVS Invoice Contact is given login credentials in MAESTRO, which allows access to perform the following functions:

- **IF SCHOOL-BASED PAYMENT IS SELECTED:** Secures course fees and responds to IVS invoices.
- **IF STUDENT-BASED PAYMENT IS SELECTED:** This person may be asked to assist IVS with issues regarding student payments. For more information on IVS billing practices, visit http://ilvirtual.org. Choose "Courses" from the top menu, then "Costs and Payments" on the left.

MENTOR: *IVS requires at least one mentor per school.* A school may choose to add a second mentor if desired. The IVS Mentor is given login credentials in MAESTRO, which allows access to perform the following functions:

- Accesses student information and monitors progress/activity for all students at the designated school.
- Periodically checks in with student, and has access to IVS Instructor contact information to discuss student concerns.
- Copied on ALL student communication emails for informational purposes.

Please review and assess ALL role functions and responsibilities listed above BEFORE filling out the Contact Designation Form.
Please contact IVS at (309) 676-1000 to speak with a team member regarding any questions about IVS roles.
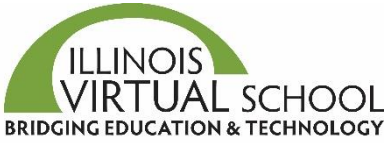
PARTNER SCHOOL CONTACT DESIGNATION FORM

To participate in the Illinois Virtual School, the following building contacts are required. IVS requests that this document be submitted each year.

SCHOOL INFORMATION:

School Name _____ County _____

School Address _____

City _____ Zip _____

RCDTS (REQUIRED)* _____

   *Your school's RCDTS (Regional County District Type Schools) code can be found online at https://www.isbe.net/Pages/RCDTS-Lookup.aspx

District Name _____

District Address _____

City _____ Zip _____

DESIGNATION OF PAYMENT RESPONSIBILITY:

IVS offers a choice for the school to designate whether to receive the invoice for all student fees, or to allow IVS to invoice students/guardians individually. With School-based payment, all IVS student enrollments and associated fees are billed to the school. With Student-based payment, students will be billed individually by IVS. The invoice option selected covers all enrollments and cannot be adjusted per course or per student. For more information, visit http://ilvirtual.org. Choose "Courses" from the top menu, then "Costs and Payments."

   Please check one box below to select Payment Responsibility for your school's IVS enrollments and associated fees:

☐ **School-based payment (school receives invoice)**	☐ **Student-based payment (students/guardians receive invoice)**

Please review and assess ALL role functions and responsibilities listed on page 6 before submitting this form.
Please contact IVS at (309) 676-1000 to speak with a team member regarding any questions about IVS roles.

PLEASE SIGN AND DATE BELOW TO ACKNOWLEDGE THE FOLLOWING:

1. *I authorize the building representatives designated on page 8 to perform the functions described on page 6 of the Partner Agreement and Contact Designation Form.*
2. *I have read and agree to the IVS Cost/Payment policy on page 3 of the Partner Agreement and Contact Designation Form.*

_____

Building Principal Name (print/type)

_____   _____

Building Principal Signature   Date

If Superintendent approval is required by your district, please include it below:

_____

District Superintendent Name (print/type)

_____   _____

District Superintendent Signature   Date

Please fax pages 7-8 to IVS at 1 (888) 440-7743, or scan and email to ivshelp@ilvirtual.org.
Principal Signature must be included.

Please designate IVS contacts below. Please note that anyone not included in this form will be removed from the IVS system.

IVS REGISTRAR(S): See page 6 for a full description of the Registrar role and responsibilities.

IVS Building Registrar Name *(REQUIRED)*

Email		Title	
Phone		Ext	

IVS Building Registrar Name (2) *OPTIONAL*

Email		Title	
Phone		Ext	

IVS INVOICE CONTACT: See page 3 for description of Costs/Payment, and page 6 for Invoice Contact role and responsibilities.

Invoice Contact Name **(REQUIRED)**

Email		Title	
Phone		Ext	

IVS MENTOR(S): See page 6 for the Mentor role and responsibilities. Please limit Mentors to (2). If additional student support is needed, please submit a ticket on the IVS Help Desk at http://helpdesk.ilvirtual.org **to inquire about the Coach role.**

IVS Student Mentor Name **(REQUIRED)**

Email		Title	
Phone		Ext	

IVS Student Mentor Name (2) *OPTIONAL*

Email		Title	
Phone		Ext	

IVS SUPPORT FOR STUDENTS WITH IEP/504 - STATEMENT OF UNDERSTANDING

As new students are enrolled, IVS will email the school's IVS Registrar requesting the summary of the recommended educational accommodations and supports for enrolled students that have indicated having an Educational Plan (IEP/504) in the application process.

Upon request, please email documentation to IEP504Coordinator@ilvirtual.org or fax to (888) 440-7743 along with the Case Manager's contact information. This documentation should be received by IVS no later than 12 days into the enrollment/course.

The student's education plan will be shared with the IVS instructor to help better support the student within the framework of online learning. **IVS highly recommends that the Case Manager's contact information be provided along with the student accommodations**, in order to be shared with the IVS instructor for any necessary communication.

Students with an IEP/504 plan that require educational accommodations within the course content/assessments and students that need additional instructional support are advised to enroll in a Full Service course.

I UNDERSTAND THAT IN ORDER FOR STUDENTS TO BE ELIGIBLE FOR ACCOMODATIONS IN IVS COURSES, THE SCHOOL IS RESPONSIBLE FOR PROVIDING IVS WITH THE DOCUMENTATION OUTLINED ABOVE.

SIGNATURE OF IVS REGISTRAR (designated in form above) OR BUILDING PRINCIPAL   *Date*