Request For Appointment of Point of Contact
for a Student Experiencing Education Instability

Date: ____________

Student’s Name: ________________
Date of Birth: ________________
Student ID No. (if known) ________________
Dear ________________________________ (Principal, Solicitor, and/or Superintendent),

I am writing to request that the school assign a Point of Contact for the above-captioned student who is currently in ____ grade and eligible for protection under Act 1 of 2022, which requires schools to ensure equitable access to school and timely graduation for students who have experienced “education instability” due to homelessness, foster care, involvement in the delinquency system or court-ordered placement.

Under Act 1, school entities are required to assign a Point of Contact (“POC”) for eligible students. The POC is responsible for supporting a smooth and successful transition to a receiving school. Duties relevant to this task include requesting complete school records from prior school entities, county agencies, and student’s education decision makers, facilitating expedited consultation with a mental health professional (if applicable), facilitating the prompt placement of a student in the appropriate courses, and connecting the student with appropriate education services. The Point of Contact also works in tandem with the school counselor, school psychologist, school social worker, home and school visitor, and the student’s IEP team or 504 service coordinators when applicable.

Importantly, for students in secondary school, the Point of Contact is required to assist students with timely graduation. These duties include reviewing all records to assess a student’s full and partial credits, developing and executing a student-specific Graduation Plan with the input of the student and their education decision maker, and assisting with navigating graduating options including requesting a diploma from prior school entities or applying for a statewide Keystone diploma.

The Point of Contact’s contact information must be included in student’s educational record as well as provided to the education decision maker, _______________________________. Please acknowledge receipt of this letter in writing and provide me with the contact information for the Point of Contact assigned to this student:

Name of Point of Contact: ______________________________________________________

POC Contact Information: ______________________________________________________

Thank you very much for your prompt attention to this matter. Should you have any questions about this request, please contact me by phone or email as identified below.

Sincerely,

_________________________________

Caregiver/Guardian/Advocate/CASA/Educational-Decision Maker

Phone Number: _______________________ Email: _______________________