

# Registration for Algebra 2 equivalent pathways: Discrete Math/Computer Science Course

For Local Education Agencies (LEAs) that wish to participate in the Discrete Math/Computer Science Algebra 2 equivalent cohort.

## COMPLETE ONE FORM FOR EACH SCHOOL IF:

- The school is offering this Algebra 2 equivalent course **for the first time**.
- The school has offered this Algebra 2 equivalent course previously, but the course will be taught by a teacher who **has not completed training**.

Before registering, you may choose to review the [Algebra 2 Equivalent Course Readiness Checklist](#). The checklist is to encourage your school and community to consider a broad range of factors when considering adding an Algebra 2 equivalent course.

You will be asked for the following information [view a [read-only PDF registration form](#) for reference only]:

- LEA (school building) information
- Contact information for building principal/assistant principal
- Contact information of teachers/specialists who will participate in teaching or supporting the course (including e-mail)
- Contact information for LEA authorized representative
- Plan for participation in the next school year (first-time applicant, new teacher, other)

**Questions?** Contact Frank Carraher, DMCS State Lead, ESC of the Western Reserve  
fcarraher@escwr.org

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\* Indicates required question

## POINT OF CONTACT INFORMATION

List the LEA point of contact regarding questions or notices regarding this form.

1. Point of Contact Name (for questions or notices regarding this form) \*

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2. Point of Contact Title \*

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3. Point of Contact E-mail \*

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4. Point of Contact Phone \*

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5. Name of Parent Organization (e.g. District, Sponsor, Diocese, Non-Profit, Career Technical Planning District/Joint Vocational \* School)

*Please do not abbreviate*

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## SCHOOL INFORMATION

[Look up your school IRN](#). If your organization does not have an IRN, or you don't know your IRN, enter 000000.

6. School Information Retrieval Number (IRN) \*

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7. School Type \*

*Mark only one oval.*

- Traditional Public High School
- Public Community or Charter School (including online, dropout prevention, etc)
- Non-Public High School
- Career Tech Center/Joint Vocational School
- STEM-designated School
- Other: \_\_\_\_\_

8. If Other, please explain

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9. School Name \*

*Please do not abbreviate*

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10. School Principal Name \*

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11. School Principal E-mail \*

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12. School Counselor Name (Optional)

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13. School Counselor E-mail (Optional)

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14. School Address \*

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15. County

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16. Educational Service Center affiliation, if applicable ([ESC Finder](#))

 Dropdown

*Mark only one oval.*

- Allen County ESC
- Ashtabula County ESC
- Athens-Meigs ESC
- Auglaize County ESC
- Brown County ESC
- Butler County ESC
- Clark County ESC
- Clermont County ESC
- Columbiana County ESC
- Darke County ESC
- East Central Ohio ESC
- ESC of Central Ohio
- ESC of Eastern Ohio
- ESC of Lake Erie West
- ESC of Medina County
- ESC of Northeast Ohio
- ESC of Lorain County
- ESC of the Western Reserve
- Fairfield County ESC
- Gallia-Vinton ESC

- Greene County ESC
- Hamilton County ESC
- Hancock County ESC
- Jefferson County ESC
- Knox County ESC
- Lawrence County ESC
- Licking Regional ESC
- Madison-Champaign ESC
- Mercer County ESC
- Miami County ESC
- Mid-Ohio ESC
- Midwest Regional ESC
- Montgomery County ESC
- Muskingum Valley ESC
- North Central Ohio ESC
- North Point ESC
- Northwest Ohio ESC
- Ohio Valley ESC
- Pickaway County ESC
- Preble County ESC
- Putnam County ESC
- Ross Pike County ESD
- South Central Ohio ESC

Southern Ohio ESC

Stark County ESC

Summit ESC

Tri-County ESC

Trumbull County ESC

Warren County ESC

Western Buckeye ESC

Wood County ESC

Unaffiliated

## **TEACHER INFORMATION**

*If a teacher is not yet determined, please submit a contact person's information for follow up.*

17. Teacher 1 Name

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18. Teacher 1 E-mail

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19. Teacher 2 Name

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20. Teacher 2 E-mail

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21. Teacher 3 Name

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22. Teacher 3 E-mail

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23. Other Participating Teachers (name, e-mail)

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## **PARTICIPATION**

24. How will your LEA participate next school year? \*

*Check all that apply.*

- The course will be offered for the first time
- We have offered the course in the past, but we will have a new teacher teaching the course
- Other: \_\_\_\_\_

25. If "Other", please explain:

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**AUTHORIZED REPRESENTATIVE**

26. Authorized Representative Name \*

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27. Authorized Representative Email \*

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28. I authorize this school to offer the Algebra 2 equivalent course and support staff participation in training and coaching of the **\***  
*Discrete Math/Computer Science Course.*

*Check all that apply.*

Yes

29. Date **\***

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*Example: January 7, 2019*

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Thank you for completing this form. Your point of contact will receive additional information and notices beginning in January of 2025.

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