

CREDIT GRANTED FOR LEARNING EXPERIENCES CONDUCTED OUTSIDE OF SCHOOL

Student Name School: Date:

Address: Phone: Grade:

Name of course or program:

Description of program, including: (Information should be attached)

- The objective(s) of the program;
- The teaching component(s) of the program, including where and when teaching activities will be conducted by school district certificated staff;
- A schedule of the duration of the program, including beginning and ending dates within the school year;
- A description of how student performance will be supervised, evaluated and recorded by the certificated staff or by qualified school district employees under the direct supervision of the certificated staff;
- A description of how student performance will be assessed;
- The qualifications of instructional personnel; and
- The plans for evaluation of the program.

Name of instructor (**attach resume**)

Name:

I would like this to meet _____ elective course requirement.

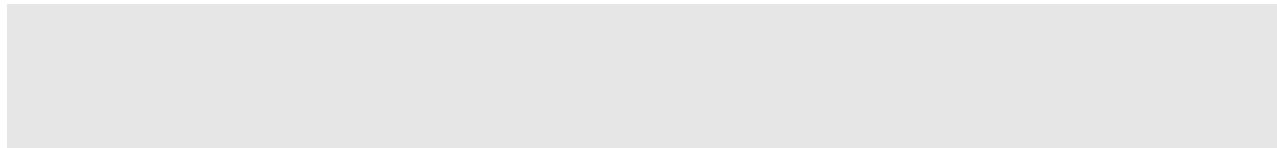
I would like this to meet _____ required course.

(identify course) _____

I understand that approval must be granted prior to the start of the activity.

Student Signature: Date:

Parent Signature Date:
(required unless student is 18 yrs.)



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