

ALTERNATIVE LEARNING EXPERIENCE APPLICATION

This form must be completed and submitted to the counselor for approval prior to the learning experience.

Student Name: \_\_\_\_\_ Year/Semester of Course of Study: \_\_\_\_\_

A. Name of Program:

Applied Music       Travel/Study       Other: \_\_\_\_\_

On a separate piece of paper please provide detailed responses to the following questions and statements.

- B. What is the length of time for which approval is desired?
  - Identify beginning and ending date and number of hours.
- C. What are the objectives of the program?
  - Identify the specific objectives that the student will meet.
- D. Provide a description of credits being requested and how credits shall be determined.
  - Identify the specific credits that will be earned and detail how they will be earned.
- E. Describe the content outline of the program and/or major learning activities and instructional materials to be used.
  - Identify the outline and activities that the student will be participating in to meet the desired objectives; identify the instructional resources and materials that will be used to support the learning.
- F. Describe how student performance will be assessed.
  - Identify what the student will do to demonstrate learning and how the learning will be assessed.
- G. Describe the qualifications of instructional personnel.
  - Identify the specific qualifications of the instructional personnel who will be responsible for overseeing the student learning experience.
- H. What is the process for evaluation of the program?
  - Identify how the program will be evaluated and the specific criteria that will be used for evaluation.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date

Counselor Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Counselor Signature \_\_\_\_\_  
Date

Approval Verification

- Approved
- Denied

\_\_\_\_\_  
Principal Signature \_\_\_\_\_  
Date

C: Counselor  
Student/Parent  
Secondary Director