ALTERNATIVE LEARNING EXPERIENCE REPORT

This form must be completed and submitted to the counselor for approval at the conclusion of 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 as to how the student met the requirements of the program as identified below.

B. What is the length of time for the learning experience?
   - Identify beginning and ending date and number of hours; provided evidence of hours.

C. What are the objectives of the program?
   - Identify the specific objectives and how the student met the objectives; provide documentation.

D. Provide a description of credits being requested and how credits shall be determined.
   - Identify the specific credits that have been 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 participated in to meet the desired objectives; identify the instructional resources and materials that were used to support the learning.

F. Describe how student performance will be assessed.
   - Identify what the student did to demonstrate learning and how the learning was assessed; provide evidence.

G. Describe the qualifications of instructional personnel.
   - Attach a resume of the instructional personnel who were responsible for overseeing the student learning experience.

H. What is the process for evaluation of the program?
   - Identify how the program was evaluated and provide the specific criteria used for evaluation.

_____	_____	_____	_____
Student Signature	Date	Parent Signature	Date
_____	_____	_____	_____
Program Instructor/Certified Teacher	Date	Counselor Signature	Date

Counselor Recommendation _____

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