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

June 2002