

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 _____

Approval Verification

Credit Approved Total Credit Awarded _____ For _____

Credit Denied _____

Principal Signature

Date

C: Counselor Student/Parent