

## CREDIT GRANTED FOR LEARNING EXPERIENCES CONDUCTED OUTSIDE OF SCHOOL

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Student Name	School:	Date:
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Address:	Phone:	Grade:
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\_\_\_\_\_

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) \_\_\_\_\_

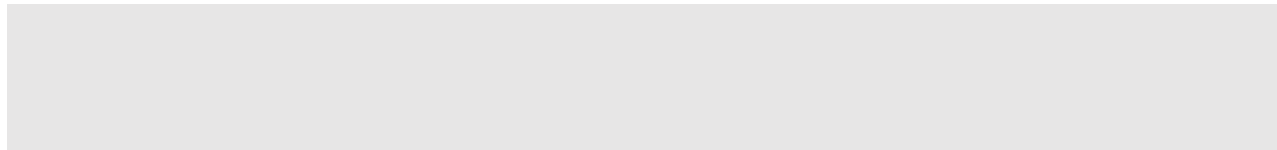
I understand that approval must be granted prior to the start of the activity.

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

Parent Signature (required unless student is 18 yrs.)	Date:
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**CREDIT GRANTED FOR LEARNING EXPERIENCES CONDUCTED  
OUTSIDE OF SCHOOL**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone: