



ALTERNATIVE LEARNING EXPERIENCE PARTICIPANT RECORD

Student _____ ID # _____
Address _____ Phone _____
Course _____ Instructor _____
Date Began _____ Due Date for Completion _____

LEARNING GOALS AND OBJECTIVES:

ESSENTIAL INSTRUCTIONAL MATERIALS:

LEARNING ACTIVITIES (in sufficient detail to guide and advise the student of the expectations):

METHOD OF EVALUATION:

TEACHING COMPONENTS:

<u>Date</u>	<u>Location</u>	<u>Time</u>	<u>Staff Signature</u>
_____	_____	_____	_____

PERFORMANCE EVALUATION TIMELINE:

Monthly

_____	_____	_____
	Date	Signature
_____	_____	_____
	Date	Signature

ANNUAL ASSESSMENT:

Alternative Learning Experience Participant Record (continued):

WEEKLY CONTACT REQUIREMENT WILL BE FULFILLED BY THE FOLLOWING MEANS:

THE ALTERNATIVE LEARNING EXPERIENCE MEETS THE FOLLOWING ESSENTIAL ACADEMIC LEARNING REQUIREMENTS (EALRs) AND STATE AND/OR DISTRICT GRADUATION REQUIREMENTS:

RESPONSIBILITIES OF THE PARENT OR GUARDIAN:

RESPONSIBILITIES OF THE STUDENT:

1. The student shall meet with assigned teacher(s) for a minimum of 60 minutes every day for five school days for instruction. (Alternative arrangements may be made under special circumstances.)
2. The student shall submit to assigned teacher(s), in writing, a statement listing those hours outside of class that the student engaged in learning activities to meet the requirements of this plan.
3. The student shall call to reschedule a make-up appointment, if the student is unable to attend a scheduled meeting.
4. The student's participation in the program may be forfeited if the student makes no contact for an entire week.

ESTIMATED HOURS OF LEARNING ACTIVITIES:

I will engage in learning activities for an average of _____ hours per week and a minimum total of _____ hours for this alternative learning experience plan.

AGREEMENTS AND APPROVAL:

Student: I am in agreement with this alternative learning experience plan. I understand my responsibilities. I approve this written plan.

Student Signature _____ Date _____

Parent: I am in agreement with this alternative learning experience plan. I understand my student's and my responsibilities. I approve this written plan.

Parent Signature _____ Date _____

Principal/Designee: I am in agreement with this alternative learning experience plan and approve it.

Principal/Designee Signature _____ Date _____

Teacher Signature _____ Date _____