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
Coun	selor Recommendation					
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Approval Verification						
	Credit Approved	Total	Credit A	warded	For	
	Credit Denied				_	
C: Counselor Student/Parent			Princip	oal Signature		Date
June	2002					