Issaquah School District #411 Credit Application Form - Varied Learning Activities Music & PE

Use this form for music and PE planned learning activities not conducted on an Issaquah School District (ISD) high school campus, or conducted outside the ISD high school day, or instructed by a person who is not an ISD employee.

Applications must be submitted to the counseling department no later than two weeks prior to the start of the semester for which credit is sought or two weeks prior to the end of school for a summer request.

An administrator, in consultation with the counselor, shall approve or disapprove the proposed learning experience <u>prior to the start of the experience or activity</u> for which credit is requested. Approval will not be granted for participation in programs that exclude otherwise qualified participants on the basis of sex, race or ethnic group, religion, or disability. Reasons for approval or disapproval shall be communicated to the student and parent(s) or guardian(s).

Responses to questions #2, 5, 6, 7, 8, and 9 will require input from the instructor/agency that is conducting/sponsoring the varied learning activity.

| | <u> </u> | | | | | | |
|-----------------------|---|--------------------------|----------------------|----------------|-----------|------------------|--|
| Name of student:Grade | | | | | | | |
| Parent/Guardian(s): | | | | | _Date_ | | |
| Addres | | | State Zip | _ Phone: (|) | | |
| 1. | Title/discipline of planned learnin | g activity: | | | | | |
| 2. | Agency/instructor who will be cor | nducting the teaching ac | ctivities: | Name | () | | |
| _ | Address | City | State | Zip | | Phone | |
| _ | Qualifications | | | | | | |
| 3. | Period of time in which alternative learning activity will take place, if approved: | | | | | | |
| 4. | Total hours of instruction time: _ | | | | | | |
| 5. | Attach a content outline of the program and/or major learning activities and instructional materials to be used. | | | | | | |
| 6. | Number of credits requested: One semester (.5) credit may be granted for the equivalent of 75 hours; 1.0 credit for 150 hours. Please note school policy limitations on outside credit in a single subject (0.5 for Music and 1.0 for PE) | | | | | | |
| 7. | Goals and objectives to be accomplished by participation in this learning experience include (must include content and skills to be learned and one or more state learning goals and related essential academic learning requirements): | | | | | | |
| | | | | | | | |
| 8. | Please describe how the content | and skill development v | vill be delivered an | d supervised b | y the ins | structor/agency: | |
| 9. | Describe how student performan | ce will be assessed: | | | | | |
| | | | | | | | |

Copy to: Parent/Student - Counselor - Administrator

Revised 06/2022

Issaguah School District

Issaguah, Washington

Program Evaluation:

- Verification of Music Lesson Activities

 A. Submit a detailed iournal/log of d Submit a detailed journal/log of daily/weekly individual rehearsal or practice time.
- Submit a minimum of one program per semester of public performance.
- Submit the grade ("Pass" or "Fail" only) from the instructor.

Verification of Physical Education Activities

- Submit a detailed journal/log of daily workout and practice time.
- Submit evidence of successfully completing no less than one skills performance assessment, with instructor documentation of the skills acquired/mastered.

I understand and agree that the Issaquah School District will have no responsibility or liability for any claims which I

Submit the Grade ("Pass" or "Fail" only) from the instructor.

| may have arising out of my participation in the applied for planned learning activity. I agree to all the conditions, including items of verification, outlined above. I understand that credit will not be accepted until all conditions, including verification, are successfully completed. | | | | | | | |
|--|---|--|--|--|--|--|--|
| Student's signature | Date | | | | | | |
| As parent or guardian of | , I understand and agree to the son/daughter's participation in this planned learning activity. | | | | | | |
| Parent/guardian's signature | Date Date | | | | | | |
| As the instructor of this varied learning activity, I confi | irm the accuracy of all the course information shared above. | | | | | | |
| Instructor's signature | Date | | | | | | |

FOR OFFICE USE:

For Music

- YES, student successfully completed 75 hours of programming
- YES, the student submitted evidence of no less than one successful public performance program per semester
- YES, the student successfully completed a detailed journal/log of daily/weekly rehearsal/practice activities/time
- YES, the student submitted either a "Pass" or "Fail" grade mark from the instructor

For PE

- YES, the student successfully completed 75 or 150 hours of programming
- YES, the student submitted evidence of successfully completing no less than one skills performance assessment, with instructor documentation of the skills acquired/mastered
- YES, the student successfully submitted a detailed journal/log of daily workout/practice activities/time
- YES, the student submitted either a "Pass" or "Fail" grade mark from the instructor

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