

**Logan Elm High School
Application for Educational Options**

Student's Name: _____

Date: _____

Grade Level: _____

Instructional Plan

A. **Instructional Objective:** _____

B. **Describe the instructional activities, materials and environment:** _____

C. **Schedule (Including total hours of instruction):** _____

D. **Describe the criteria and methods for assessing the pupil's performance:** _____

I agree to comply with all the requirements of the Educational Options described:

Student Signature: _____ Date: _____

I hereby give permission for the above named student to participate in this Educational Option>

Parent Signature: _____ Date: _____

For Office Use Only

EDUCATIONAL OPTIONS: (Check option being selected by the student)

_____ A. Name of Correspondence Course

_____ B. Educational Travel

_____ C. Independent Study

_____ D. Tutorial Program

_____ E. College Course

_____ F. Mentor Program

_____ G. Student Aides

_____ H. Flexible Programming

Teacher's Signature (if necessary): _____ Date: _____

Counselor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Approve: _____

Disapprove: _____ Reason: _____



Evaluation of Student Performance:

The evaluation of a student's performance will measure the learning outcomes based on the instructional objectives. Decisions regarding promotion or granting of credit will be based on the degree to which the student has been successful in fulfilling the instructional plan.

Subject/Course: _____ Evaluation (Grade or Pass/Fail): _____

Credit: _____ Hours of Instruction: _____

Comments: _____

Date: _____ Teacher's Signature (if necessary): _____

Counselor's Signature: _____