

BHS Extended Learning Plan

Mr. Wilson Room 203

(For Career Quest, Community Service Learning, Extended Learning Class)

Your Name:

Your Year of Graduation:

Your Project Title:

Course # _____

| | |
|--|-----------------------------|
| Name: | Project Title: |
| Year of Graduation: | Supervising Teacher: |
| <i>Focus:</i> What is the focus of the study and experience? | |
| <i>Goal:</i> What is the goal to be met by this study and experience? | |
| <i>Reason:</i> Why is this ELO study interesting and important to you? | |
| <i>Essential question:</i> What 2 or 3 broad questions will drive your learning? | |

| Methods | |
|--|--|
| What resources do you plan to use? Include people, experiences, research materials, equipment, software, etc. | |
| How will you demonstrate your learning? What tangible evidence will you submit that could be part of a portfolio or end of project presentation? | |
| How will you document your reflection? | |
| Standards | |
| What academic discipline does your study and experience address? | |
| Which Priority Standards and Performance Indicators will your study and experience address? | |
| Which BHS 21 st Century or Maine Guiding Principles will your study and experience address? | |
| Calendar | |
| Beginning and ending dates | |
| Specific target dates | |

ELO Student Travel Consent and Plan Agreement Form (please print and turn in signed)

Dear Parent/Guardian,

This form provides information for you regarding your child’s proposed ELO plan and permission to travel to community partner site. Please read and sign this consent form. If you have any questions, please contact rwilson@brunswick.k12.me.us.

Community Partner Site:

Community Partner/Mentor:

Transporting From:

Transporting To:

Frequency of Transportation (Day(s) & Time(s):

Transportation Method (circle) : • Private Car • Parent Ride • Other: _____

I, _____, the parent/guardian of _____, hereby authorize and permit my child to drive or be transported to and from ELO site referenced above. I also approve of the ELO plan and agree that this proposal is reasonable and I will support this plan moving forward.

Parent/Guardian Signature Date

* I am 18 and have permission to sign this consent form. I understand that I am responsible for all parts of this ELO. _____

ELO GUIDELINES

This program is designed to allow a student to pursue areas of personal interest alongside a teacher that will direct and supervise learning activities.

- A. The ELO application must be discussed and a draft submitted within the first two weeks of a new semester.
- B. A Pass/Fail grade will be assigned at the completion of the work.
- C. ELO’s are considered elective courses.

Parent Signature and Date

Student Signature and Date

Supervising Teacher / or ELO Coordinator and Date

Counselor Signature and Date