

EXPERIENTIAL LEARNING COURSES

District:	School Year:
Building/Program:	Count: <input type="checkbox"/> Fall <input type="checkbox"/> Spring

INSTRUCTIONS: Complete for all students that are enrolled in an experiential learning course (limit 1 per student).

Name (Last, First)	Grade	Course approved by Board of Ed and included in the student handbook? (Y/N)	Supervised by a certificated teacher who is not teaching another course at the same time? (Y/N)	Name of Teacher	Grade given and credit granted? (Y/N)	Course has identifiable content standards and expectations ? (Y/N)	Attendance records maintained? (Y/N)	Does student replace an employee? (Y/N)	FTE	
									Total	EL Portion (must be ≤ .5)
TOTAL FTE										