

RAYMOND HIGH SCHOOL
"Home of the Rams"

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Principal

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Extended Learning Opportunity (ELO)
Pre-Approval Form

Student Name:

Year of Graduation:

Today's Date:

ELO Proposal (Describe the ELO in the space provided.)

Attach additional pages if necessary.

1. Why are you interested in doing an ELO?

2. Which type of career/course would you like to explore?

Business Site:	
Contact Person:	
Phone Number/Email:	

Academic Credit Requested:

Will your ELO require you to leave school grounds?

Do you have transportation to and from the business site?

Day (s) Time of ELO:

Time you will need to leave school:

Time you will return (if applicable):

Competencies and Assessment:(Presentation required at the completion of an ELO)

The ELO Coordinator will discuss options to meet course competencies as well as the steps necessary to demonstrate that you have met the mastery objectives.

Elective and Core class credits may be awarded based on the successful completion of an ELO, where the obligations for both competencies and assessments (biweekly meetings with ELO Coordinator and Journal Reflections) have been met, project management, practice, performance, or empirical exposure have been documented and verified. Students are required to commit to a minimum of 3 hours a week for .5 semester grade. Final grade will not be indicated on the report card until completion of student ELO

I understand that all Raymond High School procedures and regulations, as well as Raymond School District policies, will apply and ultimately the awarding of academic elective credit is at the prerogative of Administration. Moreover, I understand that I (student) am responsible for all expenses incurred for this ELO, and, where necessary, transportation and costs associated will be coordinated on my own. I will also provide the ELO Coordinator with a minimum two-week notice to coordinate paperwork and site approval, prior to active participation in an ELO.

Students are responsible for informing the ELO Coordinator if a problem or uncomfortable situation while at the internship site should occur. Parent permission by virtue of the parent/guardian signature below, releases the school, its administrators and faculty, the District, and all agents, contractors or assigns from liabilities arising from the participation or coordination of this ELO.

Raymond High School has parent/guardian permission to provide the business site with any applicable medical information regarding the student, while at the internship site.

Please sign if you understand the terms of the Extended Learning Opportunity

Student: _____ **Date:** _____

ELO Coordinator: _____ **Date:** _____

Department Head: _____ **Date:** _____

Guidance Counselor: _____ **Date:** _____

School Principal: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____