

## Extended Learning Opportunity Proposal

This form should be completed to propose an Extended Learning Opportunity. Please fill it out completely and return it to the ELO coordinator. Use additional paper as necessary.

Date of ELO Proposal: \_\_\_\_\_ Anticipated Date of ELO Completion: \_\_\_\_\_

**Student's Name:**

**Grade:**

**Email used most frequently:**

1. Describe the Extended Learning Opportunity you plan to complete.

2. Will anyone else be involved (a teacher, community partner, etc.)? Please include contact information.

3. Why is this ELO important to you? Is it needed for graduation?

4. Would you like to receive a grade for this ELO, or would you prefer to receive Pass/Fail?

Graduation Verification:

This ELO proposal **Does / Does not** support the students' 4-year graduation plan for the following reasons:

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School Counselor Signature: \_\_\_\_\_

The purpose of extended learning opportunities is to provide educational experiences that are meaningful and relevant, and that provide students with opportunities to explore and achieve at high levels. I agree to engage fully in the ELO process and follow all guidelines.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_