



PERSONALIZED LEARNING EXPERIENCE (PLE) APPLICATION

Please complete both pages of this form with the PLE Coordinator and Faculty Sponsor. The PLE Coordinator is available to assist the student in developing the PLE Learning Targets. All information must be complete before beginning PLE in order to earn credit.

Student Name:			Date:	
Faculty Sponsor:			Student ID Number:	
Timeframe:		During Period:		Grade Level:
PLE Title:			Requested Credit:	
Subject Area/ Department:			Grading Method:	

Student should obtain the first four signatures & return completed form to the PLE Coordinator.

Student:				
Parent:				
Faculty Sponsor:				
School Counselor:				
PLE Coordinator:				
Principal:				
Routing:	PLE Coordinator	PowerSchool Manager	School Counselor	PLE Coordinator
Please initial & date				
	form completed & recorded	section created & schedule revised	PLE reflects graduation plan	records management

PERSONALIZED LEARNING EXPERIENCE (PLE)

LEARNING TARGETS

PLE Description/Summary:

**Describe expected outcome(s)/standards-based learning objectives of this PLE:
(attach applicable standards- CCSS and/or content specific)**

Criteria for successful completion of the PLE, including assessments:

Anticipated hours for successful completion:

**Reason for selecting this PLE:
Explain why you are pursuing a PLE and what you hope to learn from the experience.**

Document the components of the PLE and the learning environment/location where the PLE will take place:

Other information to be considered: