

PERSONALIZED LEARNING EXPERIENCE (PLE) APPLICATION

Student Name: _____ **Date:** _____

Student ID Number: _____ **Grade:** _____

Timeframe: S1 S2 Y1

PLE Title: _____ **Subject Area/ Department:** _____

Supplemental Online Coursework: _____

Requested Credit: _____ **Letter Grade:** **Pass/Fail:**

(Max. 1.0 credits)

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

Student: _____ **Date:** _____

Parent: _____ **Date:** _____

Faculty Sponsor: _____ **Date:** _____

Counselor: _____ **Date:** _____

PLE Coordinator: _____ **Date:** _____

Principal: _____ **Date:** _____

Submission Deadline for Spring/Fall _____ semester is _____.

PERSONALIZED LEARNING EXPERIENCE (PLE) LEARNING TARGETS

PLE Title:
PLE Description:

Describe expected outcome(s)/standards-based learning objective(s) of this PLE:

Criteria for successful completion of the PLE:

Anticipated hours for success completion

Reasons for selecting this PLE:

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

Other information to be considered:

PERSONALIZED LEARNING EXPERIENCE GUIDELINES FOR SUCCESS

- Students will meet with school counseling staff and faculty sponsor to review the PLE proposal.
- Students will maintain a PLE log and develop a culminating project to demonstrate that learning standards have been successfully met.
- A high school student may earn up to two full *academic* credits in any school year through the Personalized Learning Experience program.
- Students will have a minimum of five (5) scheduled credits in addition to their PLE credits.
- PLE credits will count towards graduation requirements if successfully completed.