**Student: Grade:**

**Certificated Advisor: FTE:**

**Start Date: End Date:**

Student Email Address:

Mailing Address:

**Estimated hours of weekly learning activities: (27.75 hours for 1.0 FTE)**Students Must Maintain Weekly Contact:

Students are required to maintain weekly direct personal contact with their teacher and that contact shall be for the purposed of instruction, review of assignments, testing, inquires on progress, or other learning activities. All meetings between certificated teacher and student will be done weekly through classes, in-person conferences, telephone, interactive email, and/or other digital means.

Weekly and Monthly Progress Evaluation:

Student progress is evaluated weekly. Student monthly progress is at the discretion of the certificated teacher based on weekly evaluations and the students’ ability to complete agreed-upon learning benchmarks for the month. If a student fails to make satisfactory progress toward their learning goals, then monthly progress is unsatisfactory, and an Intervention Plan will be put into place for the following month.

Student monthly progress is specifically evaluated against progress benchmarks, which are clearly defined in the course for each month. In addition to the course schedule, these benchmarks may also come in the form of lesson, unit, assignment and/or assessment completion dates. These established progress benchmarks would allow teacher and students to assess the students’ educational progress toward meeting the course learning standards. Failure to meet the minimum progress requirements will result in a modification to the learning plan. If progress does not improve and become successful within two months, the student may be withdrawn from the course and/or program.

Instructional Materials:

Course listing is attached or available in the student information system. Syllabus and Timeline for each course are attached or are available electronically. Syllabi will include all district-approved course materials. All courses meet district and/or state requirements for high school graduation.

Approved by:

Staff Signature: Date:

Student Signature: Date:

### LIST OF COURSES

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Course Title | Course Type\* | Course Code (CEDARS) | Certificated Teacher | Online Course Provider (if applicable) | Completion date | Credit | Final Grade |
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\*Course Type = Site-based, Remote, or Online

# Course Description/Syllabus

**Course Title:**

**CEDARS Code: Credit:**

**COURSE DESCRIPTION:**

**CURRICULUM/INSTRUCTIONAL MATERIALS OR ONLINE COURSEWARE:**

**LEARNING GOALS/OBJECTIVES:**

**STATE STANDARDS:**

**LEARNING ACTIVITIES:**

**Upon successfully completing the course, the student should have mastered the following concepts:**

**METHOD OF EVALUATION:**

**This Course Meets District and/or State Graduation Requirements.**