

	<p align="center">River Bend Area Learning Center 1315 S Broadway Street New Ulm, MN 56073 ph(507) 359-8780 fax (507) 359-1586</p>
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High School Extended Time Proposal Credit Recovery

A separate proposal must be submitted for each credit recovery course.

School District: _____

School Building Hosting Program: _____

Contact Person: _____ email: _____

Dates for Program: _____ to _____ Time of Class: _____ to _____

Days for Program: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

Expected Number of Students _____ **Total Hours** : _____

Grading method: ___ A-F ___ Pass/Fail

Delivery Method: ___ Teacher Led Class **--OR--** ___ Independent Study

Teacher	email	Grade/Class

Please indicate if one teacher will be taking attendance for all or if each individual teacher will take their own attendance.

___ One Teacher (Name _____)
 ___ Each individual

Purpose of Program : (List Course)

Description of Instructional Strategies: (List Curriculum/Online Resources)

Measures of Success: (Tests, quizzes, papers, presentations, projects, & Grade)

