

	<p>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 Summer Credit Recovery Proposal

A separate proposal must be submitted for each set of credit recovery dates.

School District: _____

School Building Hosting Program: _____

Contact Person: _____ email: _____

Dates: _____ to _____ Days: __ Mon. __ Tues. __ Wed. __ Thurs. __ Fri.

Time of Classes: Period 1 _____ to _____

Period 2 _____ to _____

Period 3 _____ to _____

Period 4 _____ to _____

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

Grading method: ____ A-F ____ Pass/Fail

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

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

Please include a list of staff with the classes they will teacher and email.

Purpose of Program : (List Course)

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

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

