

# Woodridge Local School District

## EDUCATIONAL OPTIONS AGREEMENT FORM

Educational Options are designed to meet the special needs of students not available in the regular curriculum or not possible in the school day.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Educational Option being applied for:

\_\_\_\_\_

Department/Subject Area: \_\_\_\_\_

Amount of Credit: \_\_\_\_\_

Completion Date: \_\_\_\_\_

For each Educational Option, an educational plan must be attached to this agreement form and approved prior to pupil participation. **Each educational plan must include (1) instructional objectives, (2) an outline of major instructional activities, (3) materials to be used, (4) learning environment, (5) the amount of credit to be given upon satisfactory completion of requirements, and (6) how student performance will be evaluated and by whom.**

### SIGNATURES

\_\_\_\_\_  
Student Applicant

APPROVED:

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Supervising Teacher

\_\_\_\_\_  
Curriculum Director