Woodridge Local School District

EDUCATIONAL OPTIONS PLAN

_____ _____
Student Name Grade

_____ _____
Address Phone Number

_____ _____
Application Date Certified Staff with Plan Responsibilities

INSTRUCTIONAL OBJECTIVES

OUTLINE OF ACTIVITIES (Resources, where, personnel, timelines)

Describe methods and criteria that will be used to assess student performance:

_____
_____
_____
_____

Type of Educational Option (Independent study, mentorship, etc.)

_____

Approval Signatures:

_____ _____
Teacher Sponsor Date

_____ _____
Student Date

_____ _____
Parent Date

_____ _____
Administrator Date

School Personnel Involved: Non-School Personnel:

_____ _____
Name & Position Name & Position

_____ _____
Name & Position Name & Position

This educational option program has been successfully completed in accordance with the rules, guidelines and requirements of the policy of the Woodridge Local School District.

_____ _____ _____
Position Date Position Date Position Date

6/17/03