

Exploratory or Intensive Independent/Proposal Form



NAME: _____

DATE: _____

Circle one:

Proposed Exploratory

Independent Exploratory

Intensive w/ Outside Leader

Name of class: _____

Brief description: _____

If an Intensive describe how you will meet the exhibition requirement for an intensive. _____

Circle one:

Physical Fitness

Art

Other

Name of adult supervisor: _____

Phone number (if not a staff member): _____

(You must have spoken to him/her, fully informed them of all responsibilities, and received their consent.)

Days this class would meet (circle days):

Monday

Tuesday

Thursday

Who will be in charge of each item...

_____ **create curriculum**

_____ **supplies**

_____ **clean up**

_____ **keep students engaged**

_____ **attendance**

_____ **make sure always covered**

_____ **grade- pass/fail**

Signature of student: _____

Signature of Parent/Guardian _____ (**You must have permission from a parent/guardian***)

Signature of adult leader: _____

Hand in to Louise or Alexandra for approval.

*- Post class success- were the above responsibilities met?

Comments from student :

Signature of student: _____

Comments from leader:

Signature of adult leader: _____

Grades were handed in to Louise or Alexandra.