

Directions for completing the Educational Options Plan

Please complete the Educational Options Plan and Agreement forms according to the directions/examples detailed below.

Overview of the plan:

Provide a general explanation of your plan. For example: During the second semester of the 2011-12 school year, (insert student's name) will be taking an online course through (insert organization). Credits earned will be used towards graduation requirements.

Course Credits to be earned through educational options. Please list:

Course Name

Units of credit

List the courses and the units of credit (semester or quarter hours - high school or college credit to be earned)

Instructional and Performance Objectives:

Instructional and performance objectives will be correlated to those in the appropriate Sylvania course of study. If the course is not offered in Sylvania, other documentation such as a syllabus will be attached.

Instructional Activities:

Explain how the instruction will be delivered (online, by a tutor, independent study, a combination, what instructional materials will be used, how many hours will be required, etc.)

Instructional Materials:

What textbooks and/or other materials will be used.

Evaluation plan:

Explain how the instruction will be assessed. What types of assessments will be used, oral, written, quizzes, etc. Who will grade the assessments?

Time line:

Approximate beginning and ending dates.

Educational Options Plan

Instructional Plan for _____

Overview of the plan:

Course Credits to be earned through educational options. Please list:

Course Name

Units of credit

Instructional and Performance Objectives:

Instructional Activities:

Instructional Materials:

Evaluation Plan:

Timeline:

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: _____ School: _____

Student ID #: _____ Grade: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____

I have read the terms of the Sylvania Educational Options Plan for my child, _____,
and grant my permission and approval of the plan.

Signature Date Relationship

As representatives of Sylvania Schools, we have reviewed this plan and are satisfied that it meets the requirements of Sylvania Schools Educational Options Policy and Guidelines and will provide a sound educational experience for _____.

Executive Director, Curriculum & Assessment Date

Principal, (Northview/Southview High School) Date

Please submit an official transcript upon completion of the course to:

Executive Director, Curriculum & Assessment
4747 North Holland Sylvania Rd.
Sylvania, Oh 43560

Records:
Diploma Category _____

Subject Category _____