



OUT OF SCHOOL/OFF CAMPUS INDIVIDUAL LEARNING PLAN

Please complete this application using as much detail as possible. The information included on this application will be used to ensure that your attendance and progress are recorded accurately.

DIRECTIONS:

1. Complete everything on the front page **EXCEPT** for the parent authorization and signatures.
2. Complete the ILP form attached to the back of this page, including signatures.
3. Complete the parent authorization and remaining signatures for the front page.
4. Gain the Assistant Principal’s signature after all three of the above steps are completed.

Student _____ Advisor: _____ Today’s Date: _____

Describe the event/activity/purpose

Circle the days of the week, and indicate the hours that you will miss by being out of school participating in the activity. and indicate the hours each day you will be out of school participating in the activity.

When writing down the times, indicate the ALL of the time required, including transportation to and from the location:

M T W TH F

M Times/Class Period(s): _____

T Times/Class Period(s): _____

W Times/Class Period(s): _____

Th Times/Class Period(s): _____

F Times/Class Period(s): _____

Parent Authorization:

I, _____, have given my student, _____, permission to leave campus to pursue additional education or career goals. My student will sign out at the school office according the above days/times continuing through _____,20___. I understand that my student becomes my responsibility once he/she has left the school building.

1.) Student Signature: _____ 2.) Parent Signature: _____

3.) Advisor Signature: _____ 4.) Assistant Principal: _____



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Student Name: _____ Date: _____ Advisor: _____

PROJECT TITLE: _____ Due: _____

Standards & Rubrics:

*Please write the number & standard
ATTACH RUBRICS TO THIS PACKET!*

DETAILED PLAN THAT INCLUDES STEPS FOR SUCCESS ON ASSESSMENT:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

POSSIBLE CHALLENGES:

*******ATTACH RUBRICS/ASSESSMENTS TO THIS ILP PRIOR TO GAINING SIGNATURES. YOU MUST MEET WITH YOUR ADVISOR REGULARLY TO RECEIVE ASSESSMENT ON YOUR STANDARDS.**

Student Signature _____ Teacher Signature _____

Off Campus Location:

(Employer/Organization)

(Location/Address)

(Phone)

It is required that off campus ILPs are monitored regularly.