

**RED BANK REGIONAL HIGH SCHOOL  
Individualized Learning Opportunity (ILO)  
Application, 2011-2012**

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade Level:**  
(Circle 1)      9<sup>th</sup> Grade      10<sup>th</sup> Grade      11<sup>th</sup> Grade      12<sup>th</sup> Grade

**ILO Action Plan (List the details of your proposal, including a description of the activity and the amount of time per week you will devote to that activity—must correspond with the credit requirements):**

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**Name and Contact information for Instructor/ Coach / Trainer /:**

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**Learning Goals/Objectives of the ILO:**

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**Core Curriculum Content Standards Addressed:**Use State code numbers to identify

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**ILO Timeline (marking period for which exemption is requested if applicable):**

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**ILO Evaluation/Assessments (How will your learning be assessed?):**

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**Waiver and Acknowledgement:**

**In submitting this application, the above-named student and his/her parent(s) / guardian(s) acknowledge the following:**

- 1. I understand and agree that my participation in an ILO as set forth herein may be graded on a Pass/Fail basis depending on the subject area.**
- 2. I agree to hold the school/district harmless from, and waive any and all claims against the school/district for, any injury or damages of any kind incurred during the completion of the ILO in any non-school sponsored activity.**
- 3. I understand that non-school sponsored ILO programs are not funded or operated by the school district. All costs incurred in completing an ILO are the responsibility of the student and/or their parents/guardians.**
- 4. I understand that failure to successfully complete the ILO for a high school graduation requirement will result in an inability to receive credit and in the inability to graduate in June of the senior year.**

**Printed Name of  
parent/guardian  
or Adult Student:**

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**Signature:**

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**Date:**

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**Counselor Name:**

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**Signature:**

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**Date:**

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**Approving Administrator Name:**

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**Signature:**

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**Date:**

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