

RED BANK REGIONAL HIGH SCHOOL
Individualized Learning Opportunity (ILO) Application

School Year 2018-2019

Student Name: _____

School: _____

Course: _____

Next Year Grade Level: _____

Proposed Individualized Learning Opportunity (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):

Name and Contact information for Professional/Instructor/Coach/ Trainer providing ILO Opportunity:

Learning Goals/Objectives of the ILO:

NJ Learning Standards Addressed by the Learning Goals/Objectives:

(<http://www.state.nj.us/education/cccs/> Use State Code Numbers to Identify)

ILO Timeline (i.e. Full year, semester, and/or marking period for which exemption is requested if applicable):

ILO Evaluation/Assessments (Indicate how your learning will be assessed):

**APPLICATION DUE TO SCHOOL COUNSELOR BY APRIL 15th, 2018
FOR 18/19 SCHEDULING CONSIDERATION**

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 will be graded on a Pass/Fail basis. Approved ILO courses will not be calculated in a student's grade point average.
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. Information for Online Health Options that meet district and state requirements can be provided by counselor.
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.
5. ILO opportunity meets criteria pursuant to N.J.A.C.6A:8-5.1 adopted in June 2009 by NJ Department of Education

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Counselor Received Application : _____ Date: _____

Committee and Administrative Approval:

Signature(s): _____

Date: _____

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