

Central Falls High School Expanded Learning Opportunities Planning Tool

Student Name: _____

Date: _____

Phone Number: _____
(circle: cell or home)

E-mail: _____

Name of ELO: _____

Subject: _____

Circle: Credit/Credit Recovery:

Circle: Group/Individual ELO

Teacher Mentor: _____

PBGR #s: _____

Community Mentor _____

Circle: Grade or Pass/Extend

Time and location of weekly meetings with Teacher Mentor: _____

Time and location of weekly meetings with Community Mentor: _____

Approximate Date of Final Presentation: _____

Overall Vision for Project:

Essential Question:

Resources or equipment needed:

If this is a Group ELO, describe the different roles each student will play and how students will demonstrate group collaboration and individual understanding of competencies:
