

**Central Falls High School Expanded Learning Opportunities
Learning Agreement**

I have read and understand the ELO Handbook, and I agree to abide by the conditions set forth in the attached ELO Planning Tool. I understand that if I do not complete the attached plan, I will not receive credit. I also understand that I must continue to attend and pass all of my other classes to ensure my full progress toward graduation.

Student

Date

Approval Document

In signing this document, the following ELO Project Stakeholders, approve of

_____ (student)'s ELO project, entitled: _____.

Brief description of ELO:

Circle one: Credit or Credit Recovery

Parent/Guardian/Family Member

Date

Teacher Mentor

Date

Community Mentor

Date

CFHS/ELO Coordinator

Date

School counselor

Date

CFHS Administrator

Date