



Extended Learning Opportunity (ELO) Pre-Approval Form

Student Name: _____ JS _____

Today's Date: _____

ELO Proposal (Describe the ELO in the space provided.)

Attach additional page if necessary.

I would like to intern with an Occupational Therapist to be able to see first-hand what they do and learn more about it before college. I like the idea of a career with such a wide range of opportunities and am open to any inpatient or outpatient clinic. I've always wanted to help people and I think I would enjoy aiding people in getting them back to doing daily tasks on their own.

Faculty Sponsor: Science Teacher

This is a WHS faculty member who will help support and monitor your progress.

Business Site:	OT Works 4 Kidz
Contact Person:	Amy or Lori
Phone Number/Email:	

Elective credits may be awarded based on the successful completion of an ELO, where the obligations for both competencies and assessments have been met (this includes meeting with the faculty sponsor on a weekly basis), project management, practice, performance, or empirical exposure have been documented and verified. Extended Learning Opportunities are electives; a maximum of 4 elective credits may be earned through ELO experiences. Students are required to commit to a minimum of 3 hours a week. Grade will reflect a Pass or Fail; comments will be placed on quarterly reports although final grade will not be indicated on the report card until completion of student ELO. Pre-Approval form must be completed and returned by the deadline date, December 15th (2nd semester) or May 15th (1st semester and full year).

Academic Credit Requested: _____ .1 _____

Will your ELO require you to leave school grounds? _____ Yes _____

Do you have transportation to and from the business site? _____ Yes _____

Day (s) Time of ELO: _____ T/TH 1-2:30 pm _____

Time you will need to leave school: ___ 12:50 pm ___

Time you will return (if applicable): ___ N/A ___

Competencies:

What content, concepts, and skills will you master during this ELO?

- I will observe a variety of patient therapy sessions.
- I will become knowledgeable about various techniques therapist use.
- I will learn about the schooling that is necessary to become an Occupational therapist.

Assessment:(Presentation required at the completion of an ELO)

How will you demonstrate that you have met the mastery objectives stated above?
(i.e. journal reflections, final paper, portfolio etc.)

Journal various patients, therapy used and their progress made throughout the course of the year. Present findings throughout during the final assessment meeting.

I understand that all Windham High School procedures and regulations, as well as Windham School District policies, will apply and ultimately the awarding of academic elective credit is at the prerogative of Administration. Moreover, I understand that I (student) am responsible for all expenses incurred for this ELO, and, where necessary, transportation and costs associated will be coordinated on my own. I will also provide the ELO Coordinator with a minimum two-week notice to coordinate paperwork and site approval, prior to active participation in an ELO. Any credit (s) earned will not be calculated into the student G.P.A., and efforts made toward any ELO will not be credited until pre-approvals have been satisfied.

Students are responsible for informing the ELO Coordinator if a problem or uncomfortable situation while at the internship site should occur. Parent permission by virtue of the parent/guardian signature below, releases the school, its administrators and faculty, the District, and all agents, contractors or assigns from liabilities arising from the participation or coordination of this ELO.

Signatures:

Student: _____ **Date:** _____

ELO Coordinator: _____ **Date:** _____

Faculty Sponsor: _____ **Date:** _____

Director: _____ **Date:** _____

Guidance Counselor: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____