

EXPERIENTIAL LEARNING LIST OF ENROLLED PUPILS

District: _____

School Year: _____

Building/Program: _____

Fall

Spring

INSTRUCTIONS:

Complete the following for all pupils who have been placed in an Experiential Learning class on Count Day. These pupils are receiving instruction, and marked appropriately in scheduled class claimed for FTE on the Official Membership Report. Indicate requirements with Y/N.

	Name (Last, First, MI)	Grade	Hour	HS student	Certified teacher supervises	Teacher not concurrently teaching another course	Grade and credit given	Attendance taken and documented	Class approved by local board	Progressive, identifiable content standards	Learning objectives not employability skills	Course not used for dual enrollment	Limit one course per pupil per semester	Through inquiry, verify pupil did not replace an employee	Instruction/direct experience component
1.															
2.															
3.															
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8.															
9.															
10.															
11.															
12.															

I certify that this is a true and accurate list of all Experiential Learning Pupils on Count Day.

Authorized Representative