

VIRTUAL LEARNING, DISTANCE LEARNING & INDEPENDENT STUDY (VL/DL/IS)

District: _____

School Year: _____

Building/Program: _____

Count Date: Fall Spring

INSTRUCTIONS:

Complete this form for all pupils enrolled in vl/dl/is high school classes. More than one line may be used for each pupil. Postsecondary (Dual) Enrollment virtual classes should be listed on the Postsecondary (Dual) Enrollment Form. Please indicate requirements with a Y/N.

Pupil Name	Grade	Hour(s)	H.S. Credit Granted (Y/N)	Course Title(s)	Non-Traditional Method				4. Self-Schedule Time and Place						FTE for VL/DL/IS Classes	TOTAL FTE	
					1. Computer/Internet course at the school	2. Distance Learning / GenNet	3. Independent Study	Non-Traditional Method (1,2, or 3)	Board Approved	Certified Teacher	On Schedule	Enrolled in 1 District Course	Attended during Count Period	2 Class Limit			Teacher of Record
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	
Total																	

I certify that this is a true and accurate list of pupils enrolled in vl/dl/is classes.

Authorized Signature

Title

Date

