

OLENTANGY LOCAL SCHOOLS

DEFINITION OF AN ALTERNATE LEARNING EXPERIENCE

The Olentangy Board of Education recognizes that educational experiences are not limited to those taking place within the building. It is desirable to afford students the opportunity to take advantage of an unusual opportunity to learn, provided those experiences have obvious educational benefits. It is expected that the Alternate Learning Experience will be used as an extension of the curriculum. Students may be required to submit a report or journal of their experience. **Alternate Learning Experience days will count toward the Five (5) Class Period Rule.**

If approved, school absence due to an alternate learning experience will be considered excused and schoolwork missed during the experience may be made up. Teachers will not be required to give homework assignments prior to the experience. The student must obtain an admit slip when returning from an A.L.E.

To be granted an Alternate Learning Experience, the student will meet all of the criteria listed below:

1. Submit a request on the designated form prior to the beginning of the experience.
2. Not have a cumulative "D" or "F" average in any course.
3. Not have more than three (3) Five Class Period absences for the quarter at the time of the request.
4. Document a valid learning content to the alternate experience.

Alternate Learning Experience will not be approved for:

1. Applications submitted after the absence.
2. Semester or final exam week.
3. District testing Dates

FIVE CLASS PERIOD RULE

This policy designates five class periods as a maximum number of absences to be permitted in any one course during a nine week grading period. If the number is exceeded, the student will receive a grade of "F" in that class for the nine week grading period.

Alternate Learning Experiences DO count toward the Five Class Period Rule.

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Alternate Learning Experience Application

Student's Name: _____ Date(s) of school absence: _____

Where will the experience take place?: _____

Describe in detail the experience and what educational benefit will be derived: _____

Other school-age siblings and their grade levels: _____

I attest that all of the above information is true and accurate

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

*Parent's signature indicates that they have read the **Alternate Learning Experience Policy** and believe their request meets all of the qualifications as stated.*

Address: _____

Home phone: _____ Work phone: _____

FOR SCHOOL USE ONLY

_____ Approved

_____ Denied

Administrator's signature: _____ Date: _____

If denied, reason for denial:

_____ Submitted after the experience _____ Unsatisfactory attendance _____ Lack of educational benefits

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To the teachers of _____

The above-named student has applied for an **Alternate Learning Experience** for the dates of:

Please indicate his/her cumulative average in your course and the number of days absent this quarter:

Period	Subject	Cumulative Avg.	Days Absent	Teacher Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				