

	<p align="center"><b>River Bend Area Learning Center</b>          1315 S Broadway Street          New Ulm, MN 56073          ph(507) 359-8780          fax (507) 359-1586</p>
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## Summer High School Credit Recovery Proposal

A separate proposal must be submitted for each credit recovery session.

School District: \_\_\_\_\_

School Building Hosting Program: \_\_\_\_\_

Contact Person: \_\_\_\_\_ email: \_\_\_\_\_

Program Dates: \_\_\_\_\_ to \_\_\_\_\_ Days: \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F

Time of Class: _____ to _____	Time of Class: _____ to _____
Time of Class: _____ to _____	Time of Class: _____ to _____
Time of Class: _____ to _____	Time of Class: _____ to _____
Time of Class: _____ to _____	Time of Class: _____ to _____

Expected Number of Students \_\_\_\_\_ **Number of Classes/Student :** \_\_\_\_\_

Grading method: \_\_\_\_\_ A-F \_\_\_\_\_ Pass/Fail

Delivery Method: \_\_\_\_\_ Teacher Led **--OR--** \_\_\_\_\_ Independent Study (cannot be both)

Teacher	email	Grade/Class	Attendance

Please indicate if one teacher will be taking attendance for all or if each individual teacher will take their own attendance by checking the attendance column.

Purpose of Program: (List Course)

Description of Instructional Strategies: (List Curriculum/Online Resources)

Measures of Success: (Tests, quizzes, papers, presentations, projects, & Grade)

