

Form A: PLANNING

Experience # _____

Complete this form and bring it to your advisory teacher for approval.

Student _____ Advisory Teacher _____
 Grade _____ Start Date _____ End Date _____
 Experience _____

Supervisor Name	Title
Supervisor Email	Contact #
Organization Name	
Organization Address	

Goal – Why did you choose to participate in this experience?

Learning Outcomes – Please check your targeted learning outcomes. One activity has the potential to meet 1-2 outcomes. You will discuss your selected outcomes in your reflection.

Participating in this activity will help me... (check one or two)

- Awareness** - Become more aware of my own strengths and areas for growth
- Challenge and New Skills** - Undertake challenges and develop new skills
- Initiative** - Discuss, evaluate and/or plan student-initiated activities
- Perseverance** - Show perseverance and commitment
- Collaborate** - Work collaboratively with others
- Global Value** - Engage in activities with global significance
- Ethics** - Consider the ethical implications of my actions

Received/ Approved By: _____ Date: _____

Please have your advisory teacher sign off on this to ensure that your experience will be approved.