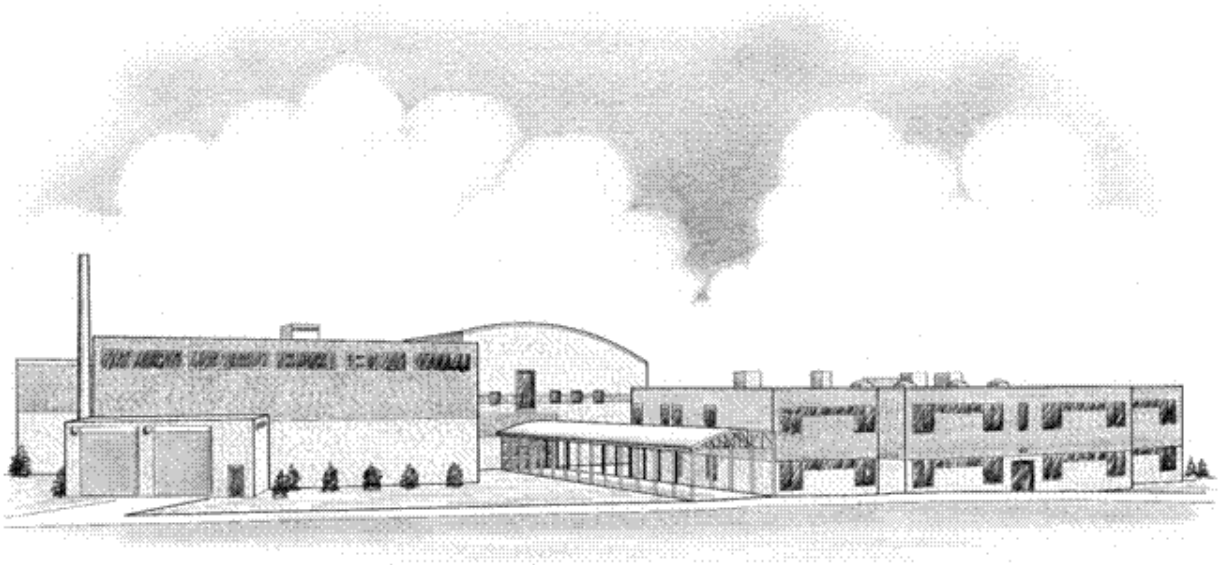


Champlain Valley Union High School



GOAL (Go Out and Learn)

The CSSU mission is to develop global citizens who learn actively and collaboratively, think creatively and critically, live responsibly and respectfully, and develop excellence in their individual pursuits.

- If GOAL is required for graduation, your study must be completed by the end of first semester.
- If not required for graduation, your study must be completed by **May 15, 2016**.

December 1, 2015

Go Out and Learn (GOAL) Application

If GOAL is a *university course*, an *online course*, or a *current CVU course*, please attach a syllabus and fill out only the top part of the application (from Name to Projected End Date) and the GOAL application signature sheet.

If GOAL is an independent study project or a self-designed course, fill out the entire GOAL application.

Name _____ Year of Graduation _____

GOAL Topic _____

CVU Advisor _____ House _____

Credit Desired (specify amount: 25, 5, 1.0)

Science _____ Math _____ Social Studies _____ World Language _____ Arts _____ English _____

Elective credit _____ Other _____

CVU Teacher who will sign off on credit (please print name) _____

Study Start Date _____ Projected End Date _____

GOALS

- What will you study and why (could be in the form of an essential question)?

- What are your learning goals?

- What do you know already about this topic?

December 1, 2015

PLAN

- When will you work on your study (for example, after school, weekends, school day)?
- What resources will you use for your study? (Examples include, but are not limited to, readings, writings, courses, workshops, community service projects and interviews.)
- Who are some resource people who will help your learning?

ASSESSMENT FOR ACADEMIC CREDIT

This needs to be finalized by at minimum one month before your GOAL end date

- How might you use your Learning Journal to document your study progress?
- What ideas do you have for a Final Project? (For example, a paper for English credit, a film documenting your learning, a webpage.)
- What might you show in your Oral Presentation?

ASSESSMENT FOR ELECTIVE CREDIT

- ✓ One-page reflection on how this experience helped you meet your goals?
- ✓ Meet with the Community Learning Coordinator to summarize your project.
- ✓ Submit an hours log for your project and any other tangible product.

MENTOR INFORMATION (cannot be a relative)

Name of mentor _____

Qualifications of mentor _____

Place of employment of mentor (if applicable) _____

Contact information: Email _____ Phone _____

Mailing address _____

December 1, 2015

GOAL Application Signature Sheet
(Please submit with your completed application)

Student:

Your signature indicates agreement to complete the study as written

Parent/Guardian:

Your signature indicates that you support and have reviewed your child's GOAL

Mentor (only if applicable):

Your signature indicates agreement to supervise the study as written by student

Curricular Director/CVU teacher (please print name)

Your signature indicates that this project can be approved for subject area credit

Community Learning Coordinator

Your signature indicates that this project can be approved for elective credit

GOAL Committee Chair (signature after committee approval)

cc: House Counselor
CVU Advisor
Student Services Director
Permanent file