



ELO REQUEST FORM

Student Name:	Cohort:	Date:
School Email Address:		

When would you like to start and complete this ELO? *(please be specific about time of year, quarter/semester, and at what point during the day, if possible)*

Reason for requesting an ELO *(Check all that apply)*

- I want to advance my learning in a particular subject area or course
- I want to remediate my learning in a particular course in which I have struggled in the past
- I want to explore a career field (participate in a job shadow, interview a professional...etc.)
- I want to participate in an internship
- I want to design my own project/learning experience

ELO Request *(What is it that you want to do/learn and why? How will this experience benefit you in the future? Use the back side of this sheet if necessary.)*

Is there a Community Partner or Spark Teacher you would like to work with during this ELO?

If you would be off campus, do you have access to your own transportation? Yes No