

# Educational Learning Form (ELF)

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Reading/LA</u></b>		<b><u>Mathematics</u></b>	
<b>Literature</b>	<b>Grammar / Writing</b>	<b>Spelling</b>	
Resources: _____ _____	Resources: _____ _____	Resources: _____ _____	Resources: _____ _____
<b><u>Learning / Goals:</u></b>	<b><u>Learning / Goals:</u></b>	<b><u>Learning / Goals:</u></b>	<b><u>Learning / Goals:</u></b>
# Work Samples: _____	# Work Samples: _____	# Work Samples: _____	# Work Samples: _____
Goals Met?    Yes    In Progress <b><u>Evaluation Method:</u></b> Work Review, Discussion, Test, Other			Goals Met?    Yes    In Progress <b><u>Evaluation Method:</u></b> Work Review, Discussion, Test, Other

<u><b>Social Studies</b></u>	<u><b>Science</b></u>	<u><b>PE</b></u>	<u><b>Other:</b></u>
Resources: _____ _____	Resources: _____ _____		Resources: _____ _____
<u><b>Learning / Goals:</b></u>	<u><b>Learning / Goals:</b></u>	<u><b>Learning / Goals:</b></u> 100 minutes of physical education activity per week	<u><b>Learning / Goals:</b></u> Reading Log: Read for at least 20 minutes daily
# Work Samples Collected: _____	# Work Samples Collected: _____	Activity: _____	# Work Samples Collected: _____
Goals Met? Yes In Progress <u>Evaluation Method:</u> Work Review, Discussion, Test, Other	Goals Met? Yes In Progress <u>Evaluation Method:</u> Work Review, Discussion, Test, Other	Goals Met? Yes / In Progress <u>Evaluation Method:</u> Work Review, Discussion, Test, Other	Goals Met? Yes / In Progress <u>Evaluation Method:</u> Work Review, Discussion, Test, Other

**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_ **Conference Date:** \_\_\_\_\_ **M Tu W Th F** **Time:** \_\_\_\_\_ **Place:** Folsom Cordova Charter School

We understand that it is mandatory for us to meet every two weeks to turn in the work samples and review the learning objectives set forth in this ELF contract. Upon successful completion, we will renew our independent study contract by setting new objectives and methods of study for the next period. If we are unable to attend our next meeting, we will **contact the charter school office at 817-8499 before the scheduled meeting time.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Educational Consultant Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_