Self-Directed Learning Activity Request

Student Name (First, Last, and Graduation Year):

Please provide details for this self directed learning (SDL) activity:

Postsecondary Life Goal

Activity Name

Activity Date(s)

Activity Time/Hours/Duration

How will this activity help support your postsecondary life goal?

What is the Framework or Coursework standard that will be met by this activity?

Check one of the following SDL activity assignments. When you return you will:

- ☐ Present a presentation to SDL assigned teacher (Rubric and details will be provided upon approval)
- ☐ Turn in a community service log

Self-Directed Learning Activity Request

In order for this to be considered a self directed learning activity it must meet the following requirements:

- Meeting for approval with a designated staff member
- Goal related to a school class or MTCHS Framework
- Complete the SDL activity assignment stated above. SDL activity assignment must be given and turned in to assigned teacher within 10 school days of returning
- Must maintain other course grades

Flexibility provided:

- Location of activity
- Attendance for duration of activity

For more information about SDL please visit the MTCHS website www.mtchs.org/sdl

*Signatures designate that this activity request has been viewed, understood by parties, and approved.
* I have reviewed my students' postsecondary career and education goals in their Career Pathway Plan and understand that requested activities must align to the fulfillment of their postsecondary and career goals.
* I understand, PowerSchool attendance records will show PRC until the student work is completed.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Teacher Signature _____ Date: _____

Email this completed form to SDL@mtchs.org