



PORTLAND PUBLIC SCHOOLS OFF CAMPUS EXPERIENCE PROGRAM GUIDELINES FOR EARNING PATHWAY ELECTIVE CREDIT

I. SCHOOL DISTRICT GUIDELINES – The Portland District recognizes that student involvement in worthwhile activities related to business enterprises, community agencies, government and private organizations do provide valuable educational experiences for students.

- (1) The OFF-CAMPUS PROGRAM is to be reserved for **Non-Paid** experiences only.
- (2) The student must be enrolled in the high school and his/her proposed program shall not infringe upon regularly scheduled classes.
- (3) Off-Campus experiences **will not** be directly supervised by school personnel. Students will be covered by District Liability or Worker's Compensation. The District Liability/Workers' Comp form must be turned in to Risk Management 5 days prior to start of experience.
- (4) The number of Off-Campus credits a student can earn is limited to no more than 6 credits in their high school career. Between Off-Campus and Work Experience the combined total of credits cannot equal more than 6. A student cannot earn more than 1 credit from each program during the school year.
- (5) For each full unit credit a student shall be required to participate in a minimum 130 hours for a full credit and 65 hours for a half credit.
- (6) Most off-campus learning programs are reserved for the junior and senior years; however, there may be appropriate experiences available to ninth and tenth grade students as well.

II. GENERAL PROCEDURES FOR STUDENT PARTICIPATION

- (1) The interested student shall be responsible for developing a tentative proposal for an off-campus credit program in relation to a specific setting. In developing the proposal the student will indicate the proposed place of the activity, the types of activities he/she will engage in, the expected learning outcomes, the tentative schedule for such activities and other factors, which the school may deem necessary. **Students may obtain the Off-Campus Learning Program Student Application and Proposal form from their counselor.**
- (2) The student's counselor shall review the proposal and when the proposal is satisfactorily completed it shall receive tentative approval.

- (3) The student shall, in person, present the proposal to the organization/person supervising the off-campus experience, negotiate any modification in the proposal and obtain written approval by the person in that organization who is designated to be his/her supervisor.
- (4) When the proposal is approved by the parent, the off-campus organization, the student's counselor and the school Vice-Principal, a copy shall be filed in the student's cumulative file. The counselor shall also provide the student with a **Supervisor's Report and Timesheets, which shall be completed and returned to the counselor one week prior to the end of the semester grading period.** It is the student's responsibility to assure that the supervisor's report is returned and credit is granted.
- (5) Document mastery of the Career Related Learning Standards (CRLS) – Communication, Personal Management, Teamwork, and Problem Solving (forms attached). The student must submit documentation for each of the four (4) CRLS.
- Complete the ***Student Section*** of the documentation form.
 - Describe the activities, tasks or projects using complete sentences.
 - Describe how that activity or project demonstrated the CRLS you have selected.
 - Ask your supervisor to verify your participation by completing the ***Supervisor Section***.
 - Submit the completed forms to your counselor one week prior to the end of the semester grading period.



**Portland Public Schools
Off-Campus Learning Program
Student Application and Proposal**

PPS Student ID: _____

Please Print Clearly:

Student Name _____ Birth Date _____ Graduation Date _____
 Address _____ City _____ State/Zip _____
 Telephone/Message Number _____
 School _____ Year 9 10 11 12 Counselor _____

PROPOSED PROGRAM

I expect to engage in the following activities (additional comments – back):

From these activities I expect to gain the following skills and/or knowledge (additional comments – use back):

Name of Organization _____	Phone _____
Address _____	City _____ State _____ Zip _____
Person Who Will Supervise (Please Print Name) _____	Signature _____
Indicate Schedule _____	_____
Hours Per Week _____	Number of Hours _____ Months of Activity _____
Starting Date _____	Time _____ Credit To Be Earned _____

APPROVALS – I have read and understand the Off-Campus Learning Program Guidelines:

Student Signature _____ Date _____
 Parent Approval _____ Date _____
 Counselor’s Approval _____ Date _____
 Vice-Principal’s Approval _____ Date _____



**Portland Public Schools
Off-Campus Learning Program
Supervisor's Report**

PPS Student ID: _____

Please Return by: _____ **Return to:** _____

Please complete the following. Your objective appraisal of the student's performance will assist us in granting credit, counseling for future placement, and will provide a reference. Thank you.

Please Print Clearly:

Student Name _____

Business/Organization _____ Supervisor _____

Address _____ City/State/Zip _____

Telephone _____ School Term 1 2 3 4 Summer

Start Date _____ Termination Date _____

Report Period: From _____ To _____

Describe activities student was involved in : _____

List skills and knowledge student gained: _____

	Excellent	Above Average	Average	Below Average
Job Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality/Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Indicate the number of hours student was involved in this activity between the dates listed above: _____	Supervisor's Signature _____ Date _____
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TOTAL NUMBER OF HOURS: _____ Credit Amount Granted: _____

Counselor's Signature _____ Date _____

Administrative Approval: _____ Date _____



**Portland Public Schools
Off-Campus Learning Program
Student Timesheet**

PPS Student ID: _____

Please Print Clearly:

Student Name _____ School _____ Hire Date _____ Term Date _____
Company Name _____ Supervisor's Name _____

Instructions: Record the hours you work each day. You can earn a 1/2 credit each semester, if you have participated for 65 hours. You must participate for 130 hours to earn a full credit. You must submit your timesheets each quarter to your counselor, one week prior to the end of the semester grading period. Supervisors must sign the timesheet each quarter verifying hours of participation. Based upon the number of verified hours, the counselor will award the credit. Keep your counselor aware of any changes or problems.

Record Your Hours Worked During The Quarter

Reporting Period Beginning Date / /
Reporting Period Ending Date / /

	Sun	Mon	Tues	Wed	Thurs	Friday	Saturday	Total Hours Worked
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								
Week 7								
Week 8								
Week 9								

Total Hours Worked For The Quarter

Supervisor's Signature _____ Date _____
Supervisor's Printed Name _____ Title _____

(No credit will be issued without supervisor's signature verification of hours worked.)

CREDIT: Earned Not Earned / Reason: _____
Counselor's Signature _____ Date _____
Counselor's Printed Name _____

January 2005 - Career-Related Learning Standards Scoring Guide

	PERSONAL MANAGEMENT	PROBLEM SOLVING	COMMUNICATION	TEAMWORK	EMPLOYMENT FOUNDATIONS	CAREER DEVELOPMENT	OVERALL SCORE
	Exhibit appropriate work ethic and behaviors in school, community, and/or workplace.	Apply decision-making and problem-solving techniques in school, community, and/or workplace.	Demonstrate effective communication skills to give and receive information in school, community, and/or workplace.	Demonstrate effective teamwork in school, community, and/or workplace.	Demonstrate academic, technical, and organizational knowledge and skills required for successful employment.	Demonstrate career development skills in planning for post-high school experiences.	
3 ABOVE STANDARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 MEETS STANDARD	<ul style="list-style-type: none"> Identifies tasks and initiates a plan of action to complete tasks. Completes tasks on time and meets established standards of quality. Takes responsibility for actions and anticipates consequences. Maintains regular attendance and is on time. Interacts appropriately with others. 	<ul style="list-style-type: none"> Accurately identifies problems. Locates information that leads to solutions. Identifies and evaluates alternative solutions. Selects a solution and a course of action. Plans and carries out a course of action. Assesses results. 	<ul style="list-style-type: none"> Communication (e.g., written, oral, visual) is clear, accurate, organized, and appropriate to audience. Uses traditional and technological methods to locate and convey information. Uses technical and instructional materials for information and to carry out a task. Listens attentively and summarizes key elements of verbal and non-verbal communication. Gives and receives feedback in a positive manner. 	<ul style="list-style-type: none"> Identifies and assumes roles within a team. Works productively with others (e.g., negotiates, compromises, builds consensus, shares decision making, sets goals, manages conflict). 	<ul style="list-style-type: none"> Applies academic and technical knowledge and skills in a career context. Selects, applies, and maintains tools and technologies appropriate for the workplace. Identifies parts of an organization or system and how work moves through an organization or system. Describes how changes in the workplace affect individuals and a work organization or system. Follows safety, regulatory, and/or ethical practices in the work environment. Demonstrates appearance and hygiene appropriate for the workplace. 	<ul style="list-style-type: none"> Assesses personal knowledge and skills related to education and career goals. Shows evidence of post-high school planning (e.g., researches careers and educational options, develops a plan to achieve goals). Evaluates education and career goals to determine if they should change. Utilizes job-seeking skills (e.g., writing resumes, completing applications, participating in interviews). 	<ul style="list-style-type: none"> Evidence in the collection is adequate and demonstrates overall proficiency across all Career-Related Learning Standards.
1 BELOW STANDARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Below standard means that the evidence meets sufficiency criteria, but is weak, incomplete, inappropriate, or limited in some way.						
0 Insufficient Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note where evidence is found:							

Portland Public Schools Pathways

Career Related Learning Standard – Evidence of Mastery

Student Name: _____ Student ID Number: _____ Date: _____

Teamwork

(Demonstrate effective teamwork in school, community, and/or workplace)

Activity/Project: _____ Date Completed: _____ Supervisor: _____

Student Section:

1. Describe the activity or project showing teamwork: _____

2. Describe how your work on this activity or project shows teamwork. Write three (3) to four (4) sentences explaining how you used the elements of teamwork you checked in the box to the right. (Continue on back if necessary.)

Check off the elements of teamwork you have demonstrated.

Have you:

- ☐ Demonstrated respect and flexibility in team situations?
☐ Worked effectively as a member of a team?
☐ Demonstrated skills that improved team effectiveness – for example compromise, consensus building, conflict management and goal setting?

Supervisor Section:

1. Do you verify the student listed above completed this activity/project to satisfaction? ☐ Yes ☐ No

2. Did the student demonstrate the elements of teamwork as described in the box above? ☐ Yes ☐ No

3. Comments: _____

Supervising Adult Signature

Date

PPS Verification:

This student:

- ☐ Exceeds
☐ Meets
☐ Does Not Meet
☐ Insufficient Evidence

the Career Related Learning Standard for Teamwork.

- ❖ Exceeds: Evidence is thorough, in-depth, insightful, or exceptional in some way.
❖ Meets: Evidence is sufficient.
❖ Does Not Meet: Evidence is weak, inappropriate or limited in some way.
❖ Insufficient Evidence: Documentation is incomplete.

Career Pathways Advisor

Date

Portland Public Schools Pathways

Career Related Learning Standard – Evidence of Mastery

Student Name: _____ Student ID Number: _____ Date: _____

Personal Management

(Exhibit appropriate work ethic and behaviors in school and community)

Activity/Project: _____ Date Completed: _____ Supervisor: _____

Student Section:

1. Describe the activity or project showing personal management: _____

2. Describe how your work on this activity or project shows personal management. Write three (3) to four (4) sentences explaining how you used the elements of personal management you checked in the box to the right. (Continue on back if necessary.)

Check off the elements of personal management you have demonstrated.

Have you:

- Identified tasks that need to be done and gone on to complete those tasks?
- Interacted appropriately with others (teachers, community people, peers)?
- Maintained regular attendance and been on time?

Supervisor Section:

1. Do you verify the student listed above completed this activity/project to satisfaction? Yes No

2. Did the student demonstrate the elements of personal management as described in the box above? Yes No

3. Comments: _____

Supervising Adult Signature

Date

PPS Verification:

This student:

- Exceeds
- Meets
- Does Not Meet
- Insufficient Evidence

the Career Related Learning Standard for Personal Management..

- ❖ **Exceeds:** Evidence is through, in-depth, insightful, or exceptional in some way.
- ❖ **Meets:** Evidence is sufficient.
- ❖ **Does Not Meet:** Evidence is weak, inappropriate or limited in some way.
- ❖ **Insufficient Evidence:** Documentation is incomplete.

Career Pathways Advisor

Date

Portland Public Schools Pathways

Career Related Learning Standard – Evidence of Mastery

Student Name: _____ Student ID Number: _____ Date: _____

Problem Solving

(Apply problem solving and decision making techniques in school and community)

Activity/Project: _____ Date Completed: _____ Supervisor: _____

Student Section:

1. Describe the activity or project showing *problem solving*: _____

2. Describe how your work on this activity or project shows *problem solving*. Write three (3) to four (4) sentences explaining how you used the elements of *problem solving* you checked in the box to the right. (Continue on back if necessary.)

Check off the elements of *problem solving* you have demonstrated.
 Have you:

Identified problems or issues?

Used problem solving and decision making skills to identify alternatives and develop solutions?

Develop a plan to implement the solutions?

Supervisor Section:

1. Do you verify the student listed above completed this activity/project to satisfaction? Yes No

2. Did the student demonstrate the elements of *problem solving* as described in the box above? Yes No

3. Comments: _____

_____ Supervising Adult Signature _____ Date

PPS Verification:

This student:

Exceeds

Meets

Does Not Meet

Insufficient Evidence

the Career Related Learning Standard for *Problem Solving*.

❖ **Exceeds:** Evidence is through, in-depth, insightful, or exceptional in some way.

❖ **Meets:** Evidence is sufficient.

❖ **Does Not Meet:** Evidence is weak, inappropriate or limited in some way.

❖ **Insufficient Evidence:** Documentation is incomplete.

_____ Career Pathways Advisor _____ Date

Career Related Learning Standard – Evidence of Mastery

Student Name: _____ Student ID Number: _____ Date: _____

Communication

(Demonstrate effective speaking, listening, written and non-verbal skills)

Activity/Project: _____ Date Completed: _____ Supervisor: _____

Student Section:

1. Describe the activity or project showing *communication*: _____

2. Describe how your work on this activity or project shows *communication*. Write three (3) to four (4) sentences explaining how you used the elements of communication you checked in the box to the right. (Continue on back if necessary.)

Check off the elements of communication you have demonstrated.
 Have you:

Spoken clearly, listened attentively and/or written clearly and accurately?

Given and received feedback in a positive manner?

Read technical or instructional or professional materials/journals for information?

Supervisor Section:

1. Do you verify the student listed above completed this activity/project to satisfaction? Yes No

2. Did the student demonstrate the elements of *communication* as described in the box above? Yes No

3. Comments: _____

_____ Supervising Adult Signature _____ Date

PPS Verification:

This student:

Exceeds

Meets

Does Not Meet

Insufficient Evidence

the Career Related Learning Standard for *Communication*.

❖ **Exceeds:** Evidence is thorough, in-depth, insightful, or exceptional in some way.

❖ **Meets:** Evidence is sufficient.

❖ **Does Not Meet:** Evidence is weak, inappropriate or limited in some way.

❖ **Insufficient Evidence:** Documentation is incomplete.

_____ Career Pathways Advisor _____ Date