



INTEGRATED LEARNING SPECIALIST PROGRAM

ELECTIVES LOG

Please complete this form at the conclusion of each Elective course.

PARTICIPANT INFORMATION: (PRINT)

First/Last Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title of the Course: _____

Which Electives Area does the course fall under?

- Arts Immersion Playground
- Equity & Social Justice
- Creative Inquiry

Date(s) of the Course: _____ Total Number of Hours: _____

The name of the Instructor: _____

The name of the Organization (if applicable): _____

A brief description of the course's activities:

Instructor Signature: _____ Your Signature: _____

*Please use the space on the back to reflect on your experience in the course. Write 1-2 paragraphs highlighting what you learned, how you changed, and how it deepened your overall experience as part of the ILSP.

Email completed form to Joelle Fraser at jfraser@acoe.org.