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**Project Based Learning**

**Student Implementation Plan**

**Due Date: September 11, 2015**

**Background**

According to Section 5-O-B of the 2015-16 Pupil Accounting Manual (<http://www.michigan.gov/documents/mde/5-O-B_SeatTimeWaivers_329678_7.pdf>), a district must receive approval from the Department in cases where the district wishes to provide self-scheduled, project-based learning courses that have no online or computer based component. The district must present a plan for the approval of the self-scheduled, project-based learning course to the intermediate school district (ISD) auditor before submitting its implementation plan to the Department for approval. The implementation plan for the course must include provisions regarding how the requirements for counting pupils in membership will be satisfied.

**Instructions for Submission**

This implementation plan will only be accepted by e-mail at [STWapp@michigan.gov](mailto:STWapp@michigan.gov). Please make sure to include the signature of the Intermediate School District auditor before scanning and submitting the e-mail. In the subject line of the e-mail message, please indicate the district name and “PBL 5-O-B Implementation Plan”.

In order for approval to be considered, the **district must address the following questions:**

1. Please enter the name of the district for which this implementation plan is being completed.

Click here to enter text.

1. Please enter the district code of the district for which this implementation plan is being completed.

Click here to enter text.

1. Please describe the project or series of projects that pupils will be responsible for completing.

Click here to enter text.

1. Please describe how this project will require pupils to use diverse skills—such as researching, writing, interviewing, collaborating, or public speaking—to produce various work products, such as research papers, scientific studies, public policy proposals, multimedia presentations, video documentaries, art installations, or musical and theatrical performances.

Click here to enter text.

1. Please explain how the administration and teacher of record will satisfy the requirements per 5-O-B of the pupil accounting manual.

Click here to enter text.

1. Please describe how the log of two-way interaction between the teacher of record and pupils will be maintained to satisfy the participation requirement.

Click here to enter text.

1. Please describe how the attendance requirement (logins when online) will be satisfied under this plan.

Click here to enter text.

1. Please describe the plan for execution, the timeline for completion of standards (by content area) that will be met, and the number of credits (by content area) that pupils are expected to achieve by completing this project.

Click here to enter text.

1. Please enter the district contact information for this implementation plan.

Click here to enter text.

1. Please enter the name of the ISD Auditor and name of the ISD.

Click here to enter text.

**Signature and Date of Approval by ISD Auditor\***

(Only for purposes of points 5 through 7)

**Signature and Date of MDE Approval**

If there are questions regarding this implementation plan, please contact Brian Barber ([barberb2@michigan.gov](mailto:barberb2@michigan.gov)) or 517-335-3005.

\*Approval by the ISD auditor on this form does not have any effect on outcomes of the pupil accounting audit.