

Approval by Extended Learning Director \_\_\_\_\_

Approval by Principal \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**EXTENDED LEARNING PLAN**

Name \_\_\_\_\_

School Year \_\_\_\_\_

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Activity No.	Name of Activity	Target Population	DESCRIPTION – Should include summary of activity and how it meets an identified need in the school plan	# of Hours	# of Students
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