

AP 209-3 IDS Learning Plan

Complete all parts of this form and the cover letter signed by the Principal, the Director of Instruction and the Assistant Superintendent prior to finalization of the plan. A copy of the finalized contract and cover letter with signatures should be placed in the student's G4 File.

Student Name (Print)	School	Grade	Student Number
IDS Course Code	IDS Teacher	Approved Course Start Date	Project Completion Date
BC Course(s) for Learning Outcomes to be covered:	Grade Level	Number of Course Credits Projects (1 credit= 30 hours)	
		1	2 3 4

Topic/guiding question: What will be the guiding questions or direction of your study/inquiry? Or, provide an outline for the areas of work or studies to be covered.

List at least one learning outcome from a BC Ministry of Education and Child Care or BAA course attached to this IDS course:

1.
2.
3.

Attach inquiry activity, learning activity, or products: Please list inquiry activities, learning activities, or work attached to the products that will serve as evidence or demonstration of learning. Include:

- Specific type of inquiry and learning activities that you will undertake
- Activities that you be participating in, related to your IDS course

Inquiry/Learning/Activity	Evidence to Demonstrate Learning

Mentors and Experts: Name any mentors, experts, or advisors that will support you in your inquiry, activity, or learning and describe the specific types of support and guidance your mentors will be providing for you in your IDS course.

Mentor/Expert/Advisor Name: _____ Phone: _____

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IDS Timeline: Create a list of “signposts” or significant events, with dates, that will serve as a timeline for your IDS course, from start to finish.

Date	Event

Identify Check-in Dates with your Mentor/Expert/Advisor: When will you be meeting with your Mentor/Advisor/Expert to discuss progress on your learning plan?

Date of Meeting	Signature of Mentor/Expert/Advisor:	Comments:

Final Evaluation:

	Hours Completed
	Percentage/Letter Grade Assigned
	Work Habits (G, S, N)
Comment	

Approval Signatures: Signatures must be obtained **prior** to the commencement of the IDS Course.

Student Name Student Signature Date

Mentor/Advisor Name Mentor/Advisor Signature Date

Administrator Name Administrator Signature Date

Director of Instruction Name Director of Instruction Signature Date

Assistant Superintendent Name Assistant Superintendent Signature Date

A signed parent consent form must also be received prior to the commencement of the IDS.