



Special Interest



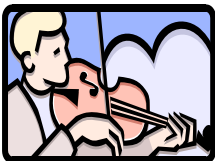
Internship

SENIOR PROGRAM



Career

The Application

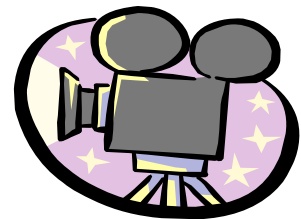


Performing Arts

2006-2007



Travel



Special Interest

SENIOR PROGRAM--An Introduction

The Senior Program is offered to all qualified seniors. It is an opportunity for you to create, plan and execute an educational program of your own design. In general, the Senior Program must be a structured learning experience in an area that is acceptable to the school community. The program should reflect your personality and interest. Your program will be successful if it contains interesting activities in which you can enthusiastically participate. However, it is your responsibility to find and select those activities. In order for a senior to take part in this program, you must meet all eligibility requirements and must agree to work within the guidelines of the Senior Program described below.

There are several benefits that may be realized by a senior through this program. This program offers each senior the opportunity to:

- Do an intense study in some area of interest free from the traditional classroom setting.
- Do some career sampling through an internship at some business or laboratory.
- Travel some place you've never been. Explore and learn something new about a place's history, culture, ecosystem etc.
- Pursue a special interest, have an opportunity to do a very personal project.
- Pursue a form of artistic expression.
- Immerse yourself in a foreign culture and language.
- Study something that is not offered at Blake.

There are three program options that you may pursue:

- A quarter-long program totally independent of Blake.
- A quarter-long program that includes some classes at Blake and some time each day involved in your Senior Program. Your involvement at Blake may be limited to sports participation.
- A three week program that includes dropping all courses and begins after A.P. exams and continues through finals week. (This option is open to all seniors, not just A.P. students)

The general categories of Senior Program:

- Career Exploration/Internships
- Travel/Adventure
- Travel--Foreign Language/Culture Study
- Special Interest Pursuit
- Fine Art and Performing Arts Study

Eligibility Requirements for Senior Program

All seniors have the opportunity to plan a Senior Program, but they must complete the following requirements:

- Students must be in **good academic standing** (all grades must be C or better) and must **meet all graduation requirements prior to beginning Senior Program.**
- Students must adhere **to all** Upper School attendance rules. A student **may not** be absent more than five(5) times per semester to be eligible for a quarter long program or eight(8) times per semester for a three week program. Also the student **must not** receive a suspension during the academic school year.
- Students taking A.P. courses **must continue** in their A. P. courses during fourth quarter **or participate in the three week** option beginning after their A.P. tests.
- Students must secure their parents' permission to participate in the Program.
- Students must secure the assistance of a faculty advisor, which can be any faculty member.

- Students must design their program and submit it along with a statement of objectives, planned outcomes and a process of evaluation. *There must be a well-defined focus to the program.*
- Students must submit, if necessary, the signature of the administrator/ supervisor/employer from the place they will be working granting their approval and willingness to participate in the Senior's program by monitoring their progress. Supervisors outside of school must be an expert in their field. In the case of programs such as scuba diving or pilot licensing, the supervisor must be licensed.

Seniors will be evaluated in the following manner for **both** the Fourth Quarter Program and the Three Week Program. They must:

- have a minimum contact with their advisor of once a week either in person or by mail.
- keep a daily journal, which will include feelings, attitudes as well as factual information.
- submit a written summary statement describing the experience (minimum of 1 page).
- with an outside supervisor must submit the outside supervisor's evaluation of their experience.
- be willing, if asked, to participate in a Senior Program Assembly for the Upper School.
- participate in a Senior Program Presentation Evening for all interested seniors and their parents prior to graduation.
- be responsible for anything else their faculty advisor may require (presentations, performance, video etc...).
- keep a record of how they spent their time.

Fourth Quarter Program Only: (CREDIT INFORMATION)

- **Students will receive a letter grade (A-F) from their advisor for their work on their program. Programs will be graded based on how well they fulfilled the objectives of their programs. Students will receive 1/4 credit for each class they will miss during fourth quarter.**

IMPORTANT DATES TO REMEMBER

November 27	Part I - The Senior Program Intent Form available in College Counseling Office
December 15	Part I due into College Counseling complete with Program Title and pickup the Senior Program Application (Part 2).
January 19	DEADLINE – Final proposals (Part 2) due into the College Counseling Office.
February 28	Fourth Quarter Program proposals are accepted or returned for revision or rejected.
April 2	Quarter long senior program begins.
April 9	Three Week Program proposals are accepted or returned for revision or rejected.
May 14	Three week programs begin no earlier than this date.
June 4	Senior Program Presentation Evening for parents, Seniors and Juniors

DIRECTIONS FOR PREPARING--PART TWO--SENIOR PROGRAM PROPOSALS

Begin by discussing your plan (ideas) with your family. You may want to further work out your ideas with your faculty advisor. You will want to completely fill in all the application pages that follow. Also included is a place for your parents to give their approval as well as your advisor. Please obtain your parents' permission first.

Below are the forms that you must fill out prior to turning in your proposal on January 19.

PROPOSAL FOR SENIOR PROGRAM--(FORM A) Complete this form as completely and specifically as possible. Proposals should either be typed or printed clearly in ink. Remember this is a formal proposal.

OBJECTIVES AND EVALUATION--(FORM A - reverse side) On the "Proposal for Senior Program" form, write, in detail, your educational objectives and the specific actions you will take to achieve each one. Also include the method of evaluation your advisor will use to determine your grade if you are doing a quarter-long program.

For Example:

(Title) Beyond the Doctor's Office

(objectives) I. To work in a medical laboratory that runs medical tests for doctors
(actions)

- a. watch and learn common test procedures
- b. learn the different types of virus research tests
- c. become familiar with equipment used in the laboratory
- d. under supervision, develop test results

II. Design my own research experiment.

- a. do library research
- b. hypothesize and test
- c. secure results from the laboratory
- d. do a research paper on the experiment

III. Evaluation:

- A. Completion of all the above with the exception of I b (may not be able to do).
- B. Statement from supervisor evaluating my performance in the areas mentioned above.

WEEKLY/DAILY SCHEDULE--(FORM B) Fill out this page and be sure to include any classes, sports or jobs etc...which you will maintain during fourth quarter. ***You must designate at least 3 to 4 hours per day on your Sr. Program.***

EMPLOYER/SUPERVISOR FORMS/LETTER --(FORM CI AND CII) There are two forms in the application that they must complete. The first is their agreement to act as your supervisor and should include a description of your duties and work schedule. The second is to be filled out by them at the completion of your program as an evaluation of your performance. Make sure your employer/supervisor fills in, signs and dates both forms.

COURSE COMPLETION/GRADUATION REQUIREMENT EXEMPTION FORMS--(FORMS DI,II & III) *These form only need to be completed by students who are applying for full fourth quarter programs.*

You must fill out the name of the courses you will be dropping and the instructors that will be teaching those courses. Forms will be sent to your instructors for them to verify you are in good standing and will meet all graduation requirements. You **may not begin** your program until your instructors verify that you have completed or made arrangements to complete the required work.

DEAN'S APPROVAL FORM--(FORM E) Make an appointment with your Dean to check your graduation requirement status and have them complete the Dean's Approval Form.

PARENTAL PERMISSION FORM--(FORMS F,G,H) After your parents have had a chance to read over your final proposal, please have them sign the permission form. By doing so they are indicating that they both support and approve of your program. If your program entails any out of state or out of country travel, your parents must also fill out the appropriate G or H Agreement and Release of Liability form.

SELECTION OF ADVISOR--(BELOW) Students must secure the assistance of a faculty advisor (does not have to be your homeroom advisor). Decide upon the appropriate individual and then approach them and request that they be your advisor. See faculty early in this process as most faculty are uncomfortable supervising more than three seniors. ***Once you have secured an advisor, notify me immediately*** and I will send them the Senior Program faculty advisors information packet.

FORM A

PART TWO BEGINS HERE

NAME _____

ADVISOR _____
(any faculty member)

PROPOSAL FOR SENIOR PROGRAM

Fill in as completely and specifically as possible.

My program will begin on _____ and end on _____.

STATEMENT OF OBJECTIVES:

- I. Title: Your title should be a good definition of your work. Also, under what general category of Senior Program does your program fall?

- II. Background and Rationale: Why do you want to do this program? How has your interest in this area developed? Why do you think this study is worthwhile?

- III. Outside Supervisors: Other than your faculty advisor (person for whom you will be working), who will assist you in your program?

- IV. Results of the Program: What will be the measured outcome(s) of your program? (Examples include: a research paper, photo essay, performance, video presentation, assembly speech, taught a class, etc...)

- V. Program Schedule: When will you start and complete the program? How much time do you plan to spend on the program each day? Each week? What are your travel plans (if any)? (Please fill out the accompanying proposed schedule form.)
- VI. Objectives and Evaluation Procedures: Follow the procedures outlined in the Directions For Preparing Senior Program Proposals, for your type of program (3 week, fourth quarter).

FORM B

PROPOSED WEEKLY/DAILY SCHEDULE

Name: _____ 4th Quarter Option _____ Three Week Option _____

My program will begin on _____ and end on _____.

Parent Signature: _____ Advisor Signature _____

Please show ALL classes, sports, clubs, jobs, etc...

Monday

Tuesday

Wednesday

Thursday

Friday

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Most seniors have a weekly meeting/contact with their advisor. Show it on your proposed schedule, if possible, or explain here:

FORM CI

EMPLOYER/SUPERVISOR LETTER

Dear Employer/Supervisor,

_____ is going to be working with you during the entire fourth quarter or the final three weeks of their senior year as part of The Blake School Senior Program. It is only through the support and interest of firms, organizations and agencies like yours that action-learning programs such as ours can take place successfully. In order for the student to participate in this program, the following information is needed at this time:

Please return this form to me and keep a copy for your records. A copy will be given to the student's Senior Program Advisor and to the student. I wish to thank you for your part in the educational experience of this student. I encourage you to call me at any time throughout the year with your comments, questions, suggestions and criticisms.

Sincerely,

Dion Crushshon
Senior Program Coordinator
Blake Upper School
952-988-3742 (fax)

The work schedule that you anticipate for the senior. (include: dates, days, hours)

Please describe the general/specific duties that the senior will perform for you.

Print Name

Signature

Date

FORM CII

EMPLOYER/SUPERVISOR EVALUATION

To: Employer/Supervisor of _____

Please keep this form until the student has completed the program and then make any statement you would like in evaluating the performance of the student mentioned above. Please comment on their dependability, follow through, initiative, performance of duties, etc... Once this form is completed please return it to the name of the person indicated below. Thank you for your participation in this student's Senior Program.

Dion Crushshon
Senior Program Coordinator

STATEMENT OF EVALUATION

Send form to: _____

(Advisor's name)

The Blake School
511 Kenwood Parkway
Minneapolis, MN 55403
952-988-3742 (Fax)

FORM DI

COURSE COMPLETION FORMS

*****This form only needs to be completed by students applying for full 4th quarter programs.***

Fill out a list of your courses and instructors for all your yearlong or second semester courses, which you will be dropping during your program. If you are dropping a course that is required for graduation or a yearlong course your instructor will be contacted to indicate what you must complete in order for you to receive your final grade in the class if you need the course for credit in order to graduate. If you are seeking an exemption from a graduation requirement please check the second line.

Course Title	Instructor	Check here if needed for:	
		Graduation	Exemption
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*****Exemptions are only required for students doing a full 4th quarter program.***

FORM DII

*****This form only needs to be completed by students applying for full 4th quarter programs.***

COURSE COMPLETION FORM

Name _____ Course _____

Teacher _____

check one:

_____ This student has completed the requirements for 3rd quarter.

_____ Student must complete the following to receive credit for 3Q:

Date: _____ Faculty signature _____

COURSE COMPLETION FORM

Name _____ Course _____

Teacher _____

check one:

_____ This student has completed the requirements for 3rd quarter.

_____ Student must complete the following to receive credit for 3rd Q:

Date: _____ Faculty signature _____

FORM DIII

GRADUATION REQUIREMENT EXEMPTION REQUEST FORM

*****Exemptions are only required for students doing a full 4th quarter program.***

If you are seeking an exemption from a class that is a **graduation requirement**, please fill in this section and give a copy to your teacher. Your proposal will need to be considered by the department before you can be approved for your senior program.

You may copy this page if you need to request more than one exemption.

EXEMPTION REQUEST

Course Title: _____

Below state the rationale for your request to be exempted from this graduation requirement.

Date: _____

Student signature _____

Advisor signature _____

Faculty signature _____

FORM E

DEAN'S APPROVAL FORM

_____ is applying for a Senior Program. One of the requirements of the application process is that each senior applicant must check their graduation status. As their Academic Coordinator, you need to verify that by the end of third quarter he/she will have the necessary credits for graduation (less the credits earned during the fourth quarter) and will have satisfied all departmental requirements. Credit for Senior Program will vary depending on the extensiveness of the proposal.

Fourth Quarter Option:

At the end of third quarter, this applicant will have earned _____ credits.

At the end of third quarter, this applicant will have met all departmental requirements.

Yes _____ No _____

If **no**, please explain what needs to be done in order for the student to meet all departmental requirements.
(USE REVERSE SIDE OF THIS FORM)

During fourth quarter this student will earn _____ credit. Students will receive a letter grade (A-E) from their advisor for their work on their program. Programs will be graded and granted credit based on how well students fulfill the objectives of their programs. Students will receive 1/4 credit for each class they will miss during fourth quarter.

Three-Week Option:

By the final three weeks, this applicant will have earned _____ credits.

By the final three weeks, this applicant will have met all department requirements.

Yes _____ No _____

If **no**, please explain what needs to be done in order for the student to meet all departmental requirements. (USE REVERSE SIDE OF THIS FORM)

Dean's Signature

Date

FORM F

PARENTAL PERMISSION FORM

Dear Parents of a Senior applying for a Senior Program:

On the previous pages you will find the proposal, which your student is submitting, to the Senior Program Advisory Committee. I feel it is important for parents to be aware of their students' plans and to see some background on the program.

A senior who applies for this program chooses a faculty advisor, submits this proposal (that includes his her objectives for the program and the criteria for evaluation) to me as the Director of Senior Program and to the Advisory Committee in order to be accepted.

At this time I would like to know that your student has your support for the accompanying application, subject to revision by the faculty advisor, the Advisory Committee or the Program Director. The fourth quarter option is a credit program and is graded in the traditional manner; grades are recorded on the official transcript. Please contact me if you have any questions about the program.

Sincerely,

Senior Program Coordinator
Upper School

The attached application proposal for the (circle one) fourth quarter/three week option meets my educational expectations and , subject to revision by the faculty advisor, Senior Program Advisory Committee or the Senior Program Coordinator, has my approval and support.

The program is to begin on _____ and end on _____.

Parent Signature

Date _____

FOR SENIOR PROGRAMS OUTSIDE THE STATE OF MINNESOTA BUT WITHIN THE UNITED STATES

THE BLAKE SCHOOL--AGREEMENT AND RELEASE OF LIABILITY--READ CAREFULLY BEFORE SIGNING

1. I am _____, ("Student") and/or the parents or guardian of Student, a senior student at The Blake School ("School"). I have chosen to and intend to allow Student to participate in a Senior Program ("Program") as part of the Student's course work at the School.

2. I have voluntarily arranged for Student to participate in a Program outside the City of Minneapolis which will include travel outside the state of Minnesota to _____ for the dates of _____ through _____. I or others on my behalf have made all the arrangements for Student's participation in the Program including arrangements for transportation, housing and other goods and services. I understand that no one from the School or any agent on its behalf will accompany or supervise Student during any part of the Program, including travel to and from the Program and that Student will be totally without adult supervision for part or all of the Program, including transportation to and from the Program.

3. I UNDERSTAND AND AM AWARE THAT DURING THE PROGRAM IN WHICH STUDENT WILL PARTICIPATE AND IN TRAVELING TO AND FROM THE PROGRAM CERTAIN RISKS AND DANGERS MAY ARISE, INCLUDING BUT NOT LIMITED TO, THE HAZARDS OF TRAVELING IN UNSAFE AREAS OR UNDER UNSAFE CONDITIONS, THE FORCES OF NATURE, THE NEGLIGENT OR RECKLESS ACTS OR OMISSIONS OR STRICT LIABILITY OF PERSONS OR ENTITIES PROVIDING GOODS OR SERVICES TO STUDENT, THEIR AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, ASSOCIATES, AFFILIATED COMPANIES OR SUBCONTRACTORS, TRAVEL BY BOAT, AUTOMOBILE, TRAIN, SHIP, AIRCRAFT, BUS, OR OTHER MEANS OF CONVEYANCE, AN ACCIDENT OR ILLNESS IN PLACES WITHOUT ACCESS TO MEDICAL FACILITIES, TRANSPORTATION, OR MEANS OF RAPID EVACUATION AND ASSISTANCE.

4. I AM AWARE THAT STUDENT'S PARTICIPATION IN THE PROGRAM AND/OR THE USE OF TRANSPORTATION, HOUSING AND DINING SERVICES, AND OTHER GOODS AND SERVICES IN CONNECTION WITH PARTICIPATION IN THE PROGRAM CARRIES A RISK OF SERIOUS PERSONAL INJURY, SERIOUS ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS. I EXPRESSLY AND VOLUNTARILY ASSUME ON BEHALF OF STUDENT AND FOR MYSELF ALL RISK OF INJURY, ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS THAT MAY RESULT FROM STUDENT'S PARTICIPATION IN THE PROGRAM AND TRAVEL TO AND FROM THE PROGRAM.

5. As consideration for being permitted to participate in the Program as the Student's Senior Program for course credit, I hereby **RELEASE AND DISCHARGE** the School and its officers, directors, faculty, agents, employees and legal representatives ("the Released Parties") from liability for injury, illness, death, damage or loss arising out of Student's participation in the Program or use of transportation, housing, dining or other goods and services, or arising out of any other activity incident to Student's participation in the Program, including any losses **CAUSED BY THE NEGLIGENCE OR STRICT LIABILITY** of the Released Parties. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.

6. I also **AGREE NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES** for injury, illness, death, damage or loss sustained as a result of Student's participation in the Program. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

STUDENT

DATE

IMPORTANT: PARENT OR GUARDIAN MUST SIGN.

I am the Student's parent or legal guardian. I am signing this Release on my own behalf and on behalf of the Student and his/her heirs and assigns. I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

PARENT OR GUARDIAN

DATE

NOTE: This form to be used for all unchaperoned Senior Program activities.

FOR SENIOR PROGRAMS OUTSIDE THE UNITED STATES

THE BLAKE SCHOOL--AGREEMENT AND RELEASE OF LIABILITY--READ CAREFULLY BEFORE SIGNING

1. I am _____, ("Student") or the parent or guardian of Student, a student at The Blake School ("School"). I have chosen to and intend to allow Student to participate in a program ("Program") offered and/or coordinated by the School which will take place: _____ in _____.
2. I have voluntarily agreed to allow Student to participate in the Program offered outside the State of Minnesota and which will include travel outside the United States of America to _____, and possibly other countries. I or someone on my behalf has made a deposit that has been paid to the School and/or cooperating agencies or organizations to apply against the costs of transportation, housing and other goods and services to be arranged for Student by the School and/or cooperating agencies or organizations.
3. I UNDERSTAND AND AM AWARE THAT DURING THE PROGRAM IN WHICH STUDENT WILL PARTICIPATE CERTAIN RISKS AND DANGERS MAY ARISE, INCLUDING BUT NOT LIMITED TO, THE HAZARDS OF TRAVELING IN UNSAFE AREAS OR UNDER UNSAFE CONDITIONS, THE HAZARDS OF TRAVELING IN POLITICALLY UNSTABLE AREAS, THE DANGERS OF CIVIL DISTURBANCES AND WAR, THE FORCES OF NATURE, THE NEGLIGENT OR RECKLESS ACTS OR OMISSIONS OR STRICT LIABILITY OF THE SCHOOL, ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, ASSOCIATES, AFFILIATED COMPANIES OR SUBCONTRACTORS, TRAVEL BY BOAT, AUTOMOBILE, TRAIN, SHIP, AIRCRAFT, BUS, OR OTHER MEANS OF CONVEYANCE, AND ACCIDENT OR ILLNESS IN PLACES WITHOUT ACCESS TO MEDICAL FACILITIES, TRANSPORTATION, OR MEANS OF RAPID EVACUATION AND ASSISTANCE.
4. I AM AWARE THAT STUDENT'S PARTICIPATION IN THE PROGRAM AND/OR THE USE OF TRANSPORTATION, HOUSING AND DINING SERVICES, AND OTHER GOODS AND SERVICES IN CONNECTION WITH PARTICIPATION IN THE PROGRAM CARRIES A RISK OF SERIOUS PERSONAL INJURY, SERIOUS ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS. I EXPRESSLY AND VOLUNTARILY ASSUME ON BEHALF OF STUDENT AND FOR MYSELF ALL RISK OF INJURY, ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS THAT MAY RESULT FROM STUDENT'S PARTICIPATION IN THE PROGRAM AND USE OF THE GOODS AND SERVICES DESCRIBED ABOVE.
5. The School agrees to carry out the Program as specified in the program announcement. As consideration for Student being permitted to participate in the Program, I hereby **RELEASE AND DISCHARGE** the School, and its officers, directors, faculty, agents, employees and legal representatives ("the Released Parties") from liability for injury, illness, death, damage or loss arising out of the arrangement or provision of transportation, housing, dining or other goods and services, or arising out of any other activity incident to Student's participation in the Program, including any losses **CAUSED BY THE NEGLIGENCE OR STRICT LIABILITY** of the Released Parties. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.
6. I also **AGREE NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES** for injury, illness, death, damage or loss sustained as a result of Student's participation in the Program and use of the goods and services described above. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action. I also agree to reimburse the School for any sums the School may advance for purchase of goods or services on Student's behalf in connection with Student's participation in the Program.
7. I further agree that Student will abide by all applicable rules and regulations of the School and its staff, representatives or designees, all instructions of the School or its staff, representatives or designees while participating in the Program and the laws of the governmental jurisdictions at the place or places of Program offering. I understand that noncompliance may result in Student's suspension or expulsion from the Program and forfeiture of Program fees. I agree that if Student violates any applicable rule, regulation, instruction or law at any time during the Program Student may be sent home immediately at my own expense. I agree to reimburse the School for any and all costs associated with sending Student home. I agree to indemnify and hold harmless the Released Parties from all claims or losses resulting from Student's failure to abide by such rules, instructions and laws. I further agree that the School and its staff, representatives or designees may send Student home at any time during the Program if they determine that Student's continued participation in the Program will adversely affect Student's health, safety or welfare or the health, safety, welfare or enjoyment of other Program participants.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

STUDENT _____ DATE _____

IMPORTANT: PARENT OR GUARDIAN MUST SIGN.

I am the Student's parent or legal guardian. I am signing this Release on my own behalf and on behalf of the Student and his/her heirs and assigns. I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

PARENT OR GUARDIAN _____ DATE _____