### INTERACTIVE AUDIO-VISUAL COURSES (004.04D1b)
#### Distance Learning Report
#### School Year 2009-2010

Please submit this form for synchronous interactive audiovisual courses originating elsewhere and to be counted as instructional units in the high school program. (See page 7 of the Curriculum Instruction Manual.)

<table>
<thead>
<tr>
<th>Course Name</th>
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<th>Grade taught code</th>
<th>Total Number of Students</th>
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Off-site Teacher's Name:  
Social Security Number:  
Minutes Per Session:  
No. of Sessions Per Year:  
Name of school/agency employing the teacher:  
Address, City & State, Zip Code (If not in Nebraska)  
Local Monitoring Teacher or Non-certificated District Employee:

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