

Return original copy to:
 Education Support Services
 Nebraska Department of Education
 PO Box 94987
 Lincoln, NE 68509

NDE 08-045
 (Revised 1/04)
 Date Due: Febr. 22
 (Attach to NDE 02-015)

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.)

Name of School System:		Address:	
Co-Dist. Number:	City:	Zip Code:	

 Signature of Head Administrator

 Date

Course Name:	Semester Code:	Course Code:	Grade taught code:	Total Number of Students:
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:	

Course Name:	Semester Code:	Course Code:	Grade taught code:	Total Number of Students:
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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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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Retain a copy in the School File

Nonpublic Schools forward copy to
 Area or Diocesan Superintendent