

Independent Study Request

The following form must be completed and **submitted to the School Counseling Office**. New courses will be submitted by the School Counselors to the Leadership team. **This form must be submitted no later than 10 days after the first day of classes for the 1st Semester and prior to the first day of classes for the 2nd Semester. Any student who has submitted an Independent Study proposal for a new course should begin their 1st or 2nd Semester Independent Study pending Leadership Team approval.**

Name of Independent Study: _____

Student Name: _____

Name of Cooperating Teacher: _____

Number of Credits: _____

Please Circle:

Level of the Course: 1: Remedial 2: College Prep 3: Honors/College Credit 4: AP/ECE

Schedule of meeting times: S1 Only S2 Only Full Year

Class Period: A B C D E F G H

Days of Week: Monday Tuesday Wednesday Thursday Friday

Signature of Cooperating Teacher: _____

Signature of Student

Signature of Parent/Guardian

Date

Pre-existing Course? Yes No (Note: If no, student must complete items listed below, attach to this form, and be approved by the Leadership Team. If yes, school counselor can approve course.)

To Be Completed By Student:

What do you intend to learn and accomplish through this independent study? Please be detailed and specific.

To Be Completed By Student and Teacher:

1. Describe the nature of this independent study (goal and objectives)? Please list the specific goals/objectives, what tasks will be involved in accomplishing each, and how each will be evaluated. This is the curriculum outline for the course.
2. What resources (books, internet, field studies, etc...) are going to be utilized for this independent study?
3. What assessment tools will be used to evaluate this independent study?

To Be Completed by Leadership Team or School Counselor (if pre-existing):

Approved Denied

Signature of Leadership Team Chair or School Counselor (*if pre-existing*)

Date