

West Irondequoit Central School District
Independent Study Request Form

Name of Student Making the Request: _____

Counselor Supporting Student in Request: _____

Teacher Supporting the Independent Study: _____

Proposed Independent Study: _____

Timeframe in which Independent Study Will Occur: _____

Number of Credits to be Awarded _____ Pass/fail or numerical grade? _____

Complete the chart below regarding the specific details of the Independent Study:

Rationale and Purpose of the Independent Study (IS)	
How will the IS support the student in accomplishing learning goals?	
In what ways will the IS meet needs that an existing course cannot?	
How will progress be assessed and credit awarded?	
Explain how the IS will align to State and District Standards	

Supporting Teacher Signature _____

Parent/Guardian Signature _____

<p>For counselor use: Date added to schedule _____ Approval/denial notice to parent/guardian date _____</p>
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Principal Approval: Yes No Signature _____ Date _____

Dir. of Instruction: Approval: Yes No Signature _____ Date _____

Review notes: