

ELK RIVER HIGH SCHOOL INDEPENDENT STUDY CONTRACT APPLICATION

* **COMPLETED APPLICATION DUE NO LATER THAN 10 DAYS AFTER 1st DATE OF SEMESTER** *

Independent study contracts between students and teachers are permitted and only juniors and seniors will be considered. The contracts may be arranged for up to two credits per contract. The objectives, resources and evaluation procedures are to be listed, with all required signatures, prior to the study. Independent study contracts are limited to one per semester.

STUDENT NAME _____
(PRINTED NAME)

GRADE: 11 or 12
(CIRCLE ONE)

TEACHER NAME _____
(PRINTED NAME)

PHONE EXT. _____

ROOM # _____

SUBJECT OF INDEPENDENT STUDY _____
(PRINT)

CREDIT(S): 1 or 2
(CIRCLE ONE)

School Year 20____/20____

SEMESTER 1 SEMESTER 2
(CIRCLE ONE)

CLASS HOUR 1 2 3 4 5 6
(CIRCLE ONE)

**THIS SECTION BELOW NEEDS TO BE COMPLETED BY STUDENT AND TEACHER TOGETHER;
ATTACH ADDITIONAL INFORMATION, WHEN NECESSARY.**

PART ONE: EXPLAIN/DESCRIBE YOUR PROJECT WITHIN THE FOLLOWING AREAS. BE SPECIFIC AND THOROUGH.

- Explain/describe your project:
- Defend what you want to do as a true study opportunity:
- List your specific resources, materials, references:
- How did you problem-solve the issues to determine this independent study:

PART TWO: EVALUATION / GRADING (MUST BE FILLED OUT BY TEACHER)

How will you evaluate this student for a letter grade?

SIGNATURES ARE REQUIRED ON BACK PAGE

*Student cannot be in the classroom until ALL signatures are received.

ELK RIVER HIGH SCHOOL INDEPENDENT STUDY SIGNATURE PAGE

I acknowledge what is expected of me as a student within the Independent Study objectives and guidelines listed above. I understand that I cannot start the course until all signatures accompany this form and I will only earn credit upon successful completion of the course.

1. STUDENT SIGNATURE: _____ DATE: _____

I acknowledge that the student has met all class prerequisite requirements for this Independent Study; this Independent Study does NOT coincide with my prep period; and I am not exceeding my maximum number of Independent Study courses.

2. TEACHER SIGNATURE: _____ DATE: _____

3. CASE MANAGER SIGNATURE: _____ DATE: _____
(when applicable)

I acknowledge that my student has applied for an Independent Study. My child will receive the amount of credit(s) listed on this form upon successful completion of the Independent Study.

4. PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

TO BE FILLED OUT BY COUNSELOR

On Track to Graduate? Independent Study class is not a class the student has already taken for credit

SIGNATURE _____ DATE _____

TO BE FILLED OUT BY SCHEDULING SECRETARY

All Obligations are cleared?

Date Received _____ Course Created/Entered into
Campus _____

Issues with Course: _____

TO BE FILLED OUT BY PRINCIPAL

Date Received _____ Approved? Denied?

Reason(s): _____

SIGNATURE _____ DATE _____