

FOR THE TEACHER OVERSEEING THE INDEPENDENT STUDY:

Please describe the instructional objectives for this Independent Study. These objectives must be specific and measureable.

ALL INDEPENDENT STUDIES ARE LEVEL I COURSES AND ARE ONE (1) CREDIT.

Student Signature:

By typing my name I am electronically signing this form

Date: _____

Parent/Guardian Signature:

By typing my name I am electronically signing this form

Date: _____

Overseeing Teacher Signature:

Date: _____

School Counselor Signature

Date: _____