

**ARLINGTON MEMORIAL HIGH SCHOOL
INDEPENDENT STUDY CONTRACT**

The following must be completed by the **student** requesting an independent study:

Name of Student _____

Grade: _____ Date: _____

Subject student is interested in pursuing independently? _____

Will the student have another opportunity to take this course another time in high school? _____

Circumstances: Please outline the situation which brought about the request for this contract and justification for why these studies could not be completed in the regular class schedule.

THE FOLLOWING MUST BE COMPLETED BY THE TEACHER WHO WILL BE INVOLVED WITH THE INDEPENDENT STUDY:

Pre-Approval (must be signed by teacher) _____

This student will meet with instructors _____ days per week during _____ period at the time indicated here _____.

The course will begin _____ and end _____
date date

Name of course: _____

Credits requested: _____

This independent study is _____ Teacher generated
_____ Student generated*

If the independent study is student generated, the student must complete the next three sections.

1. The objectives for the independent study are as follows:

1. Performance Criteria: (e.g. weekly tests, oral presentations, research paper required)

3. Resources to be used:

A meeting must be held with the Guidance Director, Teacher and Student for approval of the Independent Study Contract.

Result of meeting:

By signing below, all individuals are in agreement that this contract will be met in its entirety. Failure to complete requirements will completely terminate this Independent Study Contract and a withdrawal will be included on the student's transcript.

Student signature: _____

Parent/Guardian signature: _____

Approval of Contract: Supervising Teacher _____

Principal _____

Counselor _____

Date approved _____

Grade Earned _____

Teacher _____

Date Completed _____