

Youth Initiative High School Independent Study Proposal



Submit this completed form and the Lesson Log to the Independent Study Committee for approval no later than two weeks before the start of class.

Today's Date:			
Your Name:			
Title of Proposed Study:			
Dates/Times of Class:			
MLB OR Trimester:	MLB- ____ (letter)	AM/PM (circle one)	Trimester ____ (number) ____ (path)
examples:	MLB- <u>A</u>	AM <u>PM</u>	Trimester <u>1</u> <u>Movement</u>
Adult Advisor(s):			
Space Needed:			
Class(es) Being Replaced:			

Description of Class and Role of Advisor

Identify 3 Goals for this Independent Study:	

Identify your Advisor for this Independent Study. Include why you have chosen him/her and what qualifications this person has to help you in this class.	Name of Primary Advisor:	Phone(s):
		Email:
	Description of Advisor's Role, Qualifications, Etc:	

Lesson Planning Overview

Date/Week:	Objectives and how they relate to the goals of the study:

Replacing Course Content

Justification for replacing a standard course:
This may include content from previous classes, content within the proposed Independent Study, extracurricular activities, or credit requirement fulfillment.

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Resources & Acquisition

Books, Websites, and Reference Material:

Equipment:

Evaluation Methods/ Standards

Describe the **concrete** and **measurable** benchmarks by which you will evaluate your progress in this class.

Weekly:

Final Project or Evaluation:

Approval Signatures

Title	Signature	Date
Proposing Student:		
Parent:		
Adult Advisor:		
Teacher whose class is being replaced (If any):		
House Leader:		
ISC Student Body Rep:		
Independent Study Committee Rep:		
Comments:		