

Youth Initiative High School

Independent Study Proposal



Submit this completed form to the Indy Study Review Group two weeks before the start of the class.

Today's Date:	
Your Name:	
Title of Proposed Class:	
Dates/Times of Class:	
Adult Advisor(s):	
Space Needed:	
Classes Being Replaced:	

Description of class, role of advisor, and lesson plan

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 advisor:
	Description of advisor's role, etc.:

Advisor Check-Ins

Advisors should check in at least once per week. Please have your advisor sign and comment each time.

Date	Advisor's Signature

Resources

Please list the resources you will need to access for this class. Use additional space as necessary.

Books/Websites:	
Equipment:	

Evaluation Methods/Standards

Describe the benchmarks by which you will evaluate your progress in this class.

Weekly:	
Final:	

Replacing Course Content

Describe how content from another class will be replaced if applicable.

Topic Area:	Is being replace with:

Approval Signatures

Proposing Student	
Parent	
Adult Advisor	
Student Body Rep	
Teacher whose class is being replaced (if any)	
Independent Study Review Representative	
Comments:	

Upon completion of your Independent Study, please submit to Indy Study Review Group:

- This original form.
- One page self-evaluation.
- One page advisor evaluation.
- Documentation of Final Project.

ISRG Representative _____