

# Arlington High School Independent Study Application

An independent study is a course designed by a staff member and is comprised of regular assignments and meetings, culminating in a project, report or test demonstrating the skills/knowledge gained during the completed time. An independent study will not be allowed if a similar course is offered currently at the high school level. This form is to be completed by the staff member who will be overseeing the course in conjunction with the student.

Title of Course: Ind: Study: \_\_\_\_\_ (24 characters) Teacher: \_\_\_\_\_

Description: Please give a brief overview of the course. Be sure to include:

- a) A clearly detailed meeting schedule (with at least one meeting per week).
- b) The length of the course: term / semester / year
- c) Expectations for the course
- d) An outline/overview of the project or projects to be assigned.
- e) How the student will be assessed.
- f) The number of credits awarded at the conclusion if a passing grade is received.

Will this independent study complete a graduation requirement: Yes No

If yes, please explain which one and why the student is unable to complete the requirement in a regularly scheduled class.

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Name of Student \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Name: (print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

By signing above, I understand the requirements as set forth in this document that must be completed to receive credit for my work in the independent study. This does not guarantee the course until the signatures below are completed.

If declined, please explain below:

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-----to be completed only after everything above is completed-----

Department Head Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

# Independent Study

## Guideline for Course Description:

You may use this form to supply the required information or you may attach your own document.

Length of Course: Term / Semester / Year      If term or Semester, please circle which one: 1 / 2 / 3 / 4

Run time: Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Number of credits: 1.25 / 2.5 / 5.0 Other: \_\_\_\_\_

Is this a course offered in the past at AHS? Y    N

If No, what is the course title: \_\_\_\_\_

If Yes, when was it offered, what was the course #: \_\_\_\_\_ / \_\_\_\_\_

When will the teacher and student meet: (block, day, after school etc) \_\_\_\_\_

What level will this course be taught: AP    Honors    Curr. A    Curr. B

Will the credits

☐ be a separate course on the transcript and/or fulfilling a graduation requirement

☐ fulfill previously lost credits and be added to an existing course

Name of previous class: \_\_\_\_\_ Quarter to replace: \_\_\_\_\_

Scheduled Meetings:

How often will the student and teacher meet? The minimum is once weekly.

\_\_\_\_\_

Expectations for the Course:

During these meetings, what are the expectations? How will the student demonstrate progress in their materials and the development of skills? (weekly check-ins, rubrics, quizzes, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Assessment:

Please give an overview of the final project / report / presentation / etc. Remember it must encapsulate all of the work completed by the student.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_