



205 S. Providence Road • Wallingford, PA 19086 • 610-892-3470

Independent Study

Student Name _____ Grade _____

Title of Course: _____

Supervising Teacher (must be certified in area of study): _____

Title of Course to be dropped: _____

Semester (circle): Fall Spring Full Year

Block (circle): 1 2 3 4

In order to obtain approval for an independent study, students must submit a thoughtful, detailed proposal to the administration. The supervising teacher is expected to co-author the independent study proposal with the student.

The following components of the proposal should be typed on a separate piece of paper:

1. In 3-5 sentences, identify the learning goals of this independent study. Consider some of the following questions to help you identify the goals:
 - What prompts your interest in this topic?
 - What kind of prior knowledge do you have of the subject?
 - Why is it meaningful to learn about the subject?
 - How will you use the information you learn?
2. With an independent study, you are expected to complete a portfolio of assessments, which is to include no fewer than four assignments per quarter. Identify the types of assessments, your teacher's expectations for those assessments, and how they will be graded. The teacher should attach any additional assessment information, including assignments, rubric, and grading policies.
3. Students taking an independent study are expected to remain on campus, unless given expressed permission from the administration and a parent/guardian. Please identify the classroom where you will be completing your study every day, along with the semester and block of the day you prefer.
4. There are two grading options for Independent Study, either Pass/Fail or letter grade. Students who want to complete the Pass/Fail option must submit their assessment portfolio to the classroom teacher. Students who request a grade will make a 10-15 minute presentation in addition to the portfolio at the culmination of the semester to a team of three faculty members, one of which must include a department chair, guidance counselor, or administrator.

Obtain the following signatures and submit this form to your school counselor for scheduling.

Supervising Teacher: _____

Parent/Guardian Signature: _____

Counselor Signature: _____

Department Chair Signature: _____

Administrative Signature: _____

