

Champlain Valley Union High School

INDEPENDENT STUDY FORM

(Revised July, 2010)

Criteria:

1. The independent study option must be an integral part of an individual student's program that cannot be met through any of the existing curriculum offered at CVU or viable options cannot be met because of the student's schedule. The school counselor in consultation with teachers, student, and parent or guardian shall make the recommendation as to the appropriateness of this option. Independent study options may be initiated by either the student, a teacher, parent or school counselor and all must agree to the need for and expectations of the independent study.
2. Clearly defined outcomes for the independent study, which include assessment criteria, amount of credit to be earned, responsibilities of the individuals involved, and timelines must be included in the written proposal submitted to the curriculum director. The curriculum director must first approve the course. *Since academic credit can only be awarded by a certified professional, the instructor/evaluator must hold secondary school certification in the proposed area of study.* If you are applying for college course credit, a copy of the syllabus must be attached.
3. An independent study contract will be drawn up which outlines the items in #2 and signed by all of the individuals involved (school counselor, student, teacher, registrar, curriculum director, guidance director and parents/guardians). This contract will be kept on file in the Direction Center. It will become part of the student's permanent record upon completion of the independent study.
4. Credit for an independent study will be awarded at the successful completion of the program as outlined in criteria #2. This credit will be shown on the student transcript and it will be noted that this was an independent study option.

Student's name: _____

Independent study title: _____

Start date: _____

Finish date: _____

Amount and type of credit to be earned: _____

PLEASE COMPLETE REVERSE SIDE DESCRIPTIONS AND SIGNATURES

Please provide a detailed description of the independent study, including material to be covered, texts used, timeline of topics and assignments, and responsibility/involvement of the instructor.

How will this work be assessed? What criteria will be used to determine grades?

I commit to the above stipulations and understand that credit will only be awarded upon successful completion of the independent study within the time specified.

(Student)

We agree to the above description for the independent study and understand that credit will only be awarded upon successful completion of the independent study within the time specified.

(Parent/Guardian)

(Independent Study Teacher/CVU Teacher)

(Curriculum Director)

(House Director)

Please return form to the CVU Registrar in the Direction Center.

Cc: House Counselor, Permanent File and Student Services Director