

OAK PARK HIGH SCHOOL
VOLUNTARY INDEPENDENT STUDY CONTRACT

NAME: _____ GRADE: _____ DATE: _____

I request that I be placed on Independent Study for the following dates:

FROM: _____ TO: _____

For the following reason: _____

OBJECTIVE: I agree to complete the assignments provided to me by the day I return to school. If it is returned any later than one week past my return date, I understand that this contract will become invalid and my absence will be recorded as an **UNEXCUSED** absence. All course objectives will be consistent with the guidelines established in the District Course Curriculum Guide. Fifteen hours of successfully completed work equals one unit of credit for long term Independent Study. Assignments may last for one month or less. Enrollment status will be reviewed after assigned work is not satisfactorily completed or appointments are missed for three one-week assignment periods or for a single one month assignment period. Specific resources are listed on each course contract.

EVALUATION: the following evaluation methods may be used in determining successful completion of work and the grade to be awarded: demonstration/skills, presentation, project, written test, oral test, journal, assignment complete, written report, discussion, student log or other as specified.

I WILL **COPY ONE SAMPLE** OF THE WORK COMPLETED WHILE ON INDEPENDENT STUDY. WITHOUT THIS SAMPLE, IT WILL NOT BE ACCEPTED AS INDEPENDENT STUDY. IT WILL BE AN **UNEXCUSED** ABSENCE!

 STUDENT'S SIGNATURE *Date* PARENT'S SIGNATURE *Date*

PERIOD	SUBJECT	<i>Teacher Signature</i>	<i>Date</i>	TEACHER SIGNATURE <i>returning</i>	<i>Date</i>
0.					
1.					
2.					
3.					
4.					
5.					
6.					
7.					

APPROVED BY: _____ DATE: _____

PRINCIPAL/ASSISTANT PRINCIPAL

CERTIFICATION OF COMPLETION: _____ DATE: _____

PRINCIPAL/ASSISTANT PRINCIPAL

IMPORTANT! Keep one copy for yourself and return one to the Attendance Office.