INDEPENDENT STUDY AGREEMENT

School Year

## Student Name Grade Level Course Title Teacher Name Room Graded\_\_\_\_\_ Pass/Fail\_\_\_\_ **Grading Option** Second Both Semester Credit 0.5\_\_\_\_\_ 1.0\_\_\_\_ This section to be completed by teacher: List the reason the Independent Study will be offered: Outline the specific activities that will be required of the student including all written and reading assignments: Student Signature Date **Teacher Signature** Date Parent Signature Date Counselor Signature Date Principal Signature Date

The district does not discriminate in admissions to any school, class, program or activity based on the traits of sex (including transgender status, change of sex, or gender identity), race, color, national origin, religion, creed, ancestry, marital or parental status, sexual orientation or physical, mental, emotional or learning disability, or any other characteristic protected by Federal or state civil rights laws.