



Ipswich High School

INDEPENDENT STUDY APPLICATION & CONTRACT

_____ Date: _____
Subject: Name of Course (Please be brief)

STUDENT NAME: _____ YOG: _____

APPROVED BY:

Period and Quarter or Semester Desired: _____

Teacher Name

DAYS PER WEEK _____ Credits: _____

Teacher Signature Required

STATEMENT OF PURPOSE

SPECIFIC GOALS FOR QUARTERS S1 S2 YR
(Each quarter will be evaluated and new goals determined.)

(Circle all that apply)

METHOD OF EVALUATION (How will you be assessed?)

APPROVED

Guidance: _____

Date: _____

Principal: _____

Date: _____

Student's Signature

PLEASE SEE REVERSE SIDE

Once form is signed by student and teacher submit to guidance office for approval.



IPSWICH HIGH SCHOOL

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A one to two page essay, detailing your rationale for an independent study, **must** be included with your application. Include your area of interest, your personal goals for such a project, what you want to learn, why you are interested in this particular area, and what personal characteristics or history you have that will help you carry through a successful independent study.