Short-Term Independent Study Application

Short-term Independent Study may be made available when students are not able to participate in site-based instruction for during the school year. Except in case of emergency, parents/guardians must submit this Short-term Independent Study Application to the school principal at least two weeks prior to the date of the first absence.

Applications shall be approved only upon determination that:
1. The student is prepared to meet the requirements for independent study,
2. The student is likely to succeed in independent study as well as or better than he/she would in the regular classroom, and
3. Upon agreement that all assigned work will be turned in within five school days of the student's return to school.

Short-term Independent Study is not intended to be used for vacations, but only for instances in which the reason for the absence cannot be undertaken outside the regular school year.
Upon approval of the application by the Director, individual teachers will submit Independent Study assignments through the school office, to be turned in within five (5) school days of the student's return to school.

Student Name _____ Today's date _____

Dates of proposed IS: Date of 1_{st} day student is not in attendance: _____

Date student returns to school: _____ Total school days out: _____

Reason for IS request: _____
_____
_____
_____

List other siblings in the school making a similar request:

Student Name	Grade	Student Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office use only

Absences (year to date) _____ Tardies (year to date) _____

Request Approved   Request Denied

If denied, reason: _____

Administrator Signature _____ Date _____

Name of Student: _____Grade:_____

Supervising Teacher(s):_____

Work to be completed is listed below or attached:

State law requires **original** work **must** be turned in and kept in the student's cumulative file. **Originals will not be returned.**

All signatures must be present to be considered valid and approved:

Student _____Date_____

Parent/Guardian_____ Date_____

Supervising Teacher_____ Date_____

Director_____ Date_____

FOR OFFICE USE ONLY
I have reviewed the completed work and am assigning day's credit for satisfactory work completed.
Attached is a representative sample of student's work.

Signed:_____ Date:_____
                    Supervising Teacher