



Independent Study Agreement A Program for Self-Directed Learners

A key facet of the T/E School District’s commitment to the empowerment of self-directed learners, Independent Study allows students to pursue subjects not offered within the regular Conestoga High School Curriculum. A preapproved Independent Study Agreement is a commitment between a student and a teacher that establishes learning outcomes, timeline of study and how the learning will be assessed. Typically, an independent study course is graded on a Pass/Fail basis and is awarded .25 credits for a semester or .5 credits for a full-year.

Students must consult a faculty member in the department from which an independent study is being sought, the school counselor, and his/her parent or guardian. It is then the student’s responsibility to develop a proposal according to the outline on the back of this form. When the student has completed the proposal, an appointment must be made with an assistant principal to explain the purpose of the independent study.

Student Name (Last, First) _____ Student Number (required) _____ Grade _____

Content Area (check one):

<input type="radio"/> 0597 English I.S. <input type="radio"/> 1297 Social Studies I.S. <input type="radio"/> 2297 Math I.S. <input type="radio"/> 2597 Computer Prog. I.S. <input type="radio"/> 3197 Biology I.S.	<input type="radio"/> 3297 Chemistry I.S. <input type="radio"/> 3397 Physics I.S. <input type="radio"/> 4097 French I.S. <input type="radio"/> 4197 German I.S. <input type="radio"/> 4297 Latin I.S.	<input type="radio"/> 4397 Spanish I.S. <input type="radio"/> 4597 Italian I.S. <input type="radio"/> 4697 Chinese I.S. <input type="radio"/> 9507 Art I.S. <input type="radio"/> 9517 Computer Science I.S. <input type="radio"/> 9537 Family Studies I.S.	<input type="radio"/> 9547 Health I.S. <input type="radio"/> 9557 Music I.S. <input type="radio"/> 9567 Phys. Ed. I.S. <input type="radio"/> 9577 Technology Ed. I.S. <input type="radio"/> 9587 Theatre I.S. <input type="radio"/> 9597 TV Production I.S.
--	---	--	--

Course Credit: _____ Duration of Course (Please Circle One): Sem 1 Sem 2 Full-Year

Independent Study Teacher: _____

1. I agree to fulfill the requirements of the course as agreed in the Independent Study Agreement.
2. I accept responsibility for maintaining ongoing communication with my independent study teacher to enable him/her to check my progress frequently.
3. I agree to attend all sessions mutually determined with my independent study teacher.

Signatures

Approvals

Student			Date
Parent/Guardian	Yes	No	Date
Independent Study Teacher	Yes	No	Date
Counselor	Yes	No	Date
Assistant Principal for the Academic Program	Yes	No	Date

T/E



CONESTOGA HIGH SCHOOL
TREDYFFRIN/EASTTOWN SCHOOL DISTRICT
200 IRISH ROAD • BERWYN, PA 19312-1260 • 610-240-1000

Independent Study Proposal

A student proposing an independent study must provide the following information.

Title or topic:

General description (content, skills, research):

Learning outcomes:

Assessment:

Timeline for work completion: