

Student:
Please return this form
to your teacher with
your work.

PINER-OLIVET UNION SCHOOL DISTRICT
NWP Independent Study Assignment Sheet
Short Term – (students need this page for each teacher)

Stu Name:	Beginning Date:	Ending Date:
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Part 1: To be completed by the teacher prior to the beginning date of the Independent Study

List dates student will miss class and work expected:
Description of educational activities (method of study):
Material and/or resources needed for completion:
Evaluation Method (Work will be reviewed by teacher for quality and completion to determine credit):
<i>We agree to the terms of this course contract and understand that it is made as part of the Master Agreement for Short Term Independent Study. <u>The student further understands that all course work is due to the teacher on the first day I return to school.</u></i>
Student: _____ Date: _____
Teacher: _____ Date: _____

Part 2: To be completed by the teacher upon return of the student and submission of the Assignment Sheet

Teacher Comments/Grade:	Number of days submitted: _____	Number of days accepted: _____
<input type="checkbox"/> Work completed as assigned <input type="checkbox"/> Work completed satisfactorily <input type="checkbox"/> Credit given <input type="checkbox"/> Other – explain in space provided:		
<i>My signature below indicates that I, the assigned supervising teacher, have personally evaluated the student's work, or that I have personally reviewed the evaluations made by other certificated teachers.</i>		
_____	_____	_____
Teacher Signature		Date Evaluated

Part 3: To be completed by the Office Manager or Attendance Clerk

<i>My signature below indicates that I have recorded the corresponding attendance in the District's Student Information System (Illuminate) in accordance to the number of days accepted by the teacher.</i>	
_____	_____
Office Manager/Attendance Clerk	Date Recorded