

South Fayette High School

Application for Independent Study

2024 – 2025

Guidelines for Independent Study Program

Participating in an Independent Study program requires an effort and commitment on the part of the student, parent, and school district to strive to meet individual educational interests. Parents/guardians and students must realize the following before considering an Independent Study program.

1. The school district will only consider a program if the student is able to meet all requirements for graduation as outlined in the Student/Parent Handbook.
2. The master schedule may not be conducive to scheduling times needed to meet the needs of an Independent Study.
3. Students must be able to demonstrate the educational significance of their participation in an Independent Study program.
4. A student participating in the program will develop specific goals and objectives for the Independent Study with their advisor. These will be approved prior to the student entering the Independent Study program.
5. A written agreement will be made outlining the responsibilities of the student, parent, and school. If the student fails to fulfill his/her responsibilities in relation to the Independent Study, he/she may not graduate or be granted credit.
6. No transportation (if needed) for the Independent Study will be provided by the school district.
7. The Independent Study advisor must be willing to communicate regularly with the Independent Study Coordinator.
8. The application as well as the daily logs submitted must be completed in a professional manner, using proper writing techniques. A three-ring binder is required for submission of all work.
9. After approval and completion of the Independent Study, the student must complete and submit a written report that addresses the goals and objectives set forth prior to the start of the semester. This report must demonstrate attainment of the goals and objectives and/or valid reasons why they were not attained. The report must be in accordance with acceptable levels of writing for students at that grade level. The report must be approved and accepted by Independent Study Coordinator.
10. In consultation with school administrators, teachers who are requested as Independent Study advisors must establish a limit of students that can be assigned Independent Study to their class. Therefore, signing up for Independent Study for these classes is on a first-come, first-served basis with preference being given to students in the following order:
 1. Students who do not have the ability to fit a desired course into their schedule AND for which Independent Study is available (e.g., Early Childhood Development or Advanced Manufacturing).
 2. Students who have not previously taken an Independent Study.
 3. Seniors are given preference over juniors.
 4. Students who want to “double up” on a course – a list of teachers and the limit of Independent Study students they can accommodate will be given to students during the scheduling process.
11. Students **MUST** submit their **COMPLETED** Independent Study application in order to be considered for placement. Incomplete applications will be returned to the student.

PLEASE NOTE: Submission of a complete Independent Study application **DOES NOT** ensure placement. Please see Mr. Butts with any questions.

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Name of Student _____ Date _____

24-25 Grade Level _____ Current GPA _____ Cumulative GPA _____

Address _____
Street _____ City/State _____ Zip Code _____

Name of Parent/Guardian _____

Home Phone _____ Work Phone _____

Name of Supervisor/Advisor _____

Location of Independent Study (*if not on school campus*)

Address (*if not on school campus*)

Street _____ City/State _____ Zip Code _____

Supervisor/Advisor Contact Phone Number _____

Purpose of Independent Study:

___ Academic Enrichment

___ Career Planning/Preparation

___ Community Service

Total Number of Hours to be Completed:

___ 55 Hours (1st Semester)

___ 110 Hours (Full Academic Year)

___ 55 Hours (2nd Semester)

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Goals:

After completion of the Independent Study, I will be able to: (Please list in detail; use additional paper if necessary)

- 1. _____

- 2. _____

- 3. _____

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Signature of Student _____

Date _____

Signature of Advisor _____

Date _____

Comments _____

Signature of Parent/Guardian _____

Date _____

To be completed by School Official Only:

Signature of School Official _____

Date _____

_____ Approved

_____ Revisions Required

1.

2.

3.

_____ Denied

Explanation for Denial

Independent Study Weekly Journal Log

Student Name _____

| Date | Activity | Time Spent |
|-------------|-----------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

In the space below, write a brief reflection of your accomplishments this week – i.e. what was good, bad, challenging, interesting, etc. Attach a separate sheet of paper if necessary.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Comments/Recommendations