



West Essex Regional School District
Independent Study Information for 2024-2025

Dear Student:

If you are exploring the possibility of an Independent Study, you will need to carefully review the process detailed within this informational packet. **Deadlines** for Parts 2 and 3 will be strictly enforced.

Please review **ALL 3** parts and submit Parts 2 and 3 as described below:

Part 1 - Independent Study Procedures and Guidelines

PART 2 (A and B) – *Application and Approval Request* **must be completed first.**

Return **PART 2 (both A and B)** to your guidance counselor
NO later than **Friday, April 19, 2024**

PART 3 – *Independent Study Contract* is to be completed and submitted only **AFTER** the Board of Education has approved Part 2 (date of BOE approval must be included on the contract). Please do **NOT** submit Part 3 with the application.

Return **Part 3** to the Director of Curriculum
NO later than **Friday, May 24, 2024**

If you have any questions, please see your counselor or email me at rgupta@westex.org.

Thank you,

Ryan Gupta

Ryan Gupta

Director of Curriculum & Instruction

Part 1

INDEPENDENT STUDY PROCEDURES AND GUIDELINES

1. Independent Study offers additional educational experiences for high school students to increase their knowledge/skills above and beyond the current curricular offerings.
2. Independent Study may be taken for one or two semesters. One credit per semester will be granted.
3. Grades for Independent Study will be recorded as “Pass/Fail” and do not affect student GPA.
4. If the student elects to work on his/her Independent Study during a scheduled study hall period, **NO** other study hall may be scheduled. Students will not be assigned to their teacher mentors during the school day.
5. Priority consideration for approval will be given to seniors.
6. Students will consult with the teacher (mentor) who is an expert in the area of interest to establish a mentor/student relationship. An initial meeting (involving the student and the teacher, and might include the guidance counselor, the instructional supervisor and/or the parents) needs to be scheduled so that the proposed Independent Study course may be discussed. A **typed course proposal** of Independent Study will be developed by the student and mentor. This proposal will accompany the signed approval form.
7. Students will complete the *APPLICATION for Independent Study* and sign along with a parent.
8. Students will complete the *APPROVAL REQUEST for Independent Study* (with proposal) and submit it to his/her school counselor.
9. After **BOTH** forms have been completed and signatures have been received, the application will be forwarded to the Department Supervisor, Principal, Director of Curriculum, and Superintendent for final review and decision.
10. Independent Study *Applications* and *Approval Requests* will be then submitted to the Board of Education for formal approval. Students will be informed by their school counselors as to the status of their applications.
11. ***Once an Independent Study is approved by the Board of Education, the independent study may not be dropped.***
12. **After** approval by the Board of Education, the *CONTRACT for Independent Study* must be signed by the mentoring teacher, student, and parent. All parties should maintain a signed copy. One signed copy must be forwarded to the Director of Curriculum. An Independent Study ***may not begin*** until board approval is given, and a contract is signed and on file.
13. Independent study courses will be evaluated at least once each marking period by the mentoring teacher and/or department supervisor. Students will present their Independent Study progress to the Board of Education at a scheduled board meeting.
14. The topic/title of the Independent Study will appear on the student’s transcript.

Note: Previous academic accomplishments in the specific discipline, teacher/supervisor/counselor recommendations, and quality of the application will be considered in determining the approval of a course of independent study. Students must also demonstrate individual accomplishment, motivation, and the ability to work independently.

Part 2 A

APPLICATION for Independent Study

Applications will NOT be accepted after April 19, 2024

NAME OF APPLICANT _____ DATE _____ GRADE _____

Proposed area of study:

Previous Final Grades in courses related to the content area in which the candidate is applying for independent work:

Courses:	Grades:

Why applicant feels qualified to participate in an Independent Study course:

Relationship to your course of studies or academic plans:

Please **type a course proposal** using the following outline:

- A. Purpose
- B. Objectives/Goals
- C. Activities
- D. Evaluation Criteria (projects, video, models, slide presentation, etc., include how progress and final product will be assessed)

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Part 2 B

APPROVAL REQUEST for Independent Study

Applications will NOT be accepted after April 19, 2024.

I, _____, accept _____ as an Independent Study
(Teacher name) (Student name)

student in the area of _____ for _____ semester(s) of study.
(Topic of Study) (1 or 2)

It is understood that the above-named student will enter into a contracted program of study that has been mutually agreed upon with the mentoring teacher named above and that the specific components of the Independent Study program will be stated in the actual contract. The Independent Study will meet the objectives of the West Essex High School _____ Department. The program of study will be evaluated at the end of each marking period by the mentoring teacher and/or department supervisor.

Teacher (mentor) Signature Date

Student Signature Date

Parent/Guardian Signature Date

Counselor Signature Date

Director of Guidance Date

After all signatures above have been received, the application will be forwarded to the Department Supervisor, Principal, Director of Curriculum, and Superintendent for review, signatures, and approval/denial.

Department Supervisor Signature Date Denied____ Approved____

Principal Signature Date Denied____ Approved____

Director of Curriculum Signature Date Denied____ Approved____

Superintendent Signature Date Denied____ Approved____

Comments/Explanations:

Part 3

CONTRACT for Independent Study

***This contract is to be completed and submitted to the Director of Curriculum only **AFTER BOE APPROVAL** has been secured for the Independent Study. Please contact your counselor for board approval information and date.

I, _____, agree to complete the Independent Study which has been developed and mutually agreed upon with my mentoring teacher. It is understood that my progress will be evaluated at least once per marking period by my mentoring teacher. I may also be asked to provide periodic self-evaluations upon request by the teacher and/or department supervisor. I will be asked to **attend a Board of Education meeting** to report on the status of my work.

Student Signature

Date

BOE Approved Independent Study in _____
(Topic of Study)

Date of BOE meeting when Independent Study was approved _____.

Student Signature

Date

Teacher Signature

Date

Parent/Guardian Signature

Date

*****Contracts must be signed by the mentoring teacher, student, and parent/guardian. All parties should maintain a signed copy. An Independent Study *may not begin* until a contract is signed and on file. One signed copy must be submitted to the Director of Curriculum no later than Friday, May 24, 2024.**

Director of Curriculum _____ Received _____