## Hopkins Academy Independent Study Contract

Student Name:	
Email:	Current Grade:
Title of Independent Study:	
Teacher Overseeing Project:	Class Period:
Semester(s) date(s) of Independent Study:	Credit to be earned:
Please attach a separate sheet of paper to explain	in the following:
<ol> <li>Describe the goal(s) you wish to achieve</li> <li>List the specific steps involved in achievi</li> <li>List the skills you will acquire in pursuing</li> <li>Describe how your work will be evaluate</li> </ol>	ng your goal(s). ; these your goals(s).
Student Signature:	Date:
Parent/Guardian Signature:	Date:
Teacher Signature:	Date:
Counselor Signature:	Date:
Principal's Signature	Date: