

NEW PALTZ HIGH SCHOOL
196 MAIN STREET
NEW PALTZ, NY 12561

Barbara Clinton
Principal

CHECKLIST FOR INDEPENDENT STUDY

The student is responsible for completing the items on this checklist.

Student's Name

Supervising Teacher's Name

I. Checklist of Requirements:

_____ Title of Independent Study
_____ Explanation of the rationale for study
_____ Schedule of meetings with mentor/supervising teacher
_____ Summary of work
_____ Assessment procedures

II. Signatures:

_____ Student
_____ Mentor
_____ Supervising Teacher
_____ Parent
_____ Counselor
_____ Principal

III. Date: _____

SUBMIT CHECKLIST TO HIGH SCHOOL PRINCIPAL