WEST HARTFORD PUBLIC SCHOOLS

DIRECTED INDEPENDENT STUDY (DIS) FORM

1. Directed Independent Study (DIS) is used as an option for students with plans for study not available in the present course offerings.
2. Students may pursue only one independent study per semester.
3. Teacher participation in the directed independent study program is voluntary and each teacher may supervise only one student per semester.
4. All DIS forms must be signed and submitted prior to beginning the DIS. The form must be completed in detail and turned in to the School Counseling Office.
5. All DIS experiences will be graded on a pass/fail basis.

Student name:_________________________ Grade:_____ School year:____________
DIS department:_________________________ Sem 1:_____Sem 2:_____ Full year:_____ (check one)

Description:
List courses previously taken within this department (list course titles, teachers, grades).

Outline the goal(s) of the Directed Independent Study (a brief statement of what you intend to accomplish).

Explain the steps need to achieve these goals. List equipment and resources needed.

Teacher portion: Indicate the methods used to evaluate the DIS.

Signatures for approval:
Student Signature:_________________________________ Date:__________________
Parent Signature:_________________________________ Date:__________________
Supervising Teacher:______________________________ Date:__________________
School Counselor:________________________________ Date:__________________
Department Supervisor:____________________________ Date:__________________
Assistant Principal:_______________________________ Date:__________________

Rev. 11/2014