

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: _____