

APPLETON NORTH
INDEPENDENT STUDY/ TEACHING ASSISTANT APPLICATION

STUDENT NAME:

SUPERVISING TEACHER:

CREDIT: 0.5

1.0

DURATION:

SEMESTER

YEARLONG

START DATE:

INDEPENDENT STUDY: COMMENT ON THE FOLLOWING

TITLE OF PROJECT:

1. CONTENT 2. EXPECTATIONS 3. LEARNER OUTCOMES

TEACHING ASSISTANT EXPECTATIONS:

STUDENT SIGNATURE:

COUNSELOR SIGNATURE:

TEACHER SIGNATURE:

PRINCIPAL SIGNATURE:

PARENT SIGNATURE:

HOUR TO BE SCHEDULE: