INDEPENDENT STUDY LIST

_____ None of our students are enrolled in the Independent Study program.

School Year: _____	School District: _____
Count Day: _____	Bldg/Program: _____
School Code: _____	Bldg. Code: _____

INSTRUCTIONS: Complete the following information for all pupils enrolled in Independent Study in your building.

Pupil's Name	Grade	Assigned Teacher	Course Name	Teacher Contact Hrs/Week	FTE

I certify that this is a true and accurate account of Independent Study pupils.

_____ _____

Signature of Authorized Representative Date

_____

Title of Authorized Representative