



SPAULDING HIGH SCHOOL

and

R. W. CRETEAU REGIONAL TECHNOLOGY CENTER

130 Wakefield Street, Rochester, New Hampshire 03867
(603) 332-0757 fax (603) 330-0251 www.rochesterschools.com/SHS



Justin Roy
Principal

Pam Martin
Deputy Principal

Jenna Kotsonis
Assistant Principal

Jason Bushway
Assistant Principal

Michele Halligan-Foley
CTE Director

Kevin Hebert
Athletic Director

Lori Gay
Special Ed. Coordinator

Joanne Houston
Dean of Students

Independent Study Contract

Please fill out this form completely, attaching additional sheets as necessary.

Student Name _____ Student ID Number _____

1. Topic of study:

2. Text or Materials:

3. Provide a detailed description of objectives to be accomplished.

4. What activities and methods will be used to accomplish the objectives?

5. Provide a detailed description of the final assessment and evaluation criteria.

6. Timelines (Include length, e.g., Q1, S1 or Yr.; and when, e.g., AB, after school, etc.):

7. How many credit(s) will this independent study be worth?

- ½ Credit
- 1 Credit
- Other (describe):

8. Weight:

- Standard
- ENR (explain)

- Honors (explain)

9. Other:

Contract Approval:

Student Name (Print)	Student Signature	Date
Parent Name: (Print)	Parent Signature	Date
Counselor Name: (Print)	Counselor Signature	Date
Teacher/Advisor (Print)	Teacher/Advisor Signature	Date
Department Head (Print)	Department Head Signature	Date
Principal (Print)	Principal Signature	Date

Contract Completion:

Final Grade: _____

Date Completed: _____

Teacher/Advisor (Print)	Teacher/Advisor Signature	Date
Principal (Print)	Principal Signature	Date

Infinite Campus Entry

- Course and Grade entered into the student's transcript
- By: _____
- Date: _____