

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT
SHORT TERM INDEPENDENT STUDY EVALUATION OF ASSIGNMENT SHEET

Student Name:	Teacher Name:	
Beginning Date:	End Date:	Number of Days:

Note to Teachers: Student work must be submitted on the day he/she is scheduled to return to class. Please initialize and note date received. Original work samples (not photocopies) must be turned in to the school coordinator within 5 days of the student's return to class.

Evaluation of Assignment

Grade/Points Earned by Student: _____

Percent of Assigned Work Completed: _____

Teacher's Initials

Date

I have reviewed and agree with the other teacher's evaluation.

School Coordinator's Signature

Date

Note: Coordinator must review initial all work assignments attached.