

PROOF OF COMPLETION (Independent Study)

Name _____ SS# _____

School _____ Grade Level and/or Current Subjects _____

Independent Study Title _____

Please summarize the results of your Independent Study.



Based on the information/documentation/report presented to me, I concur that the goals/objectives of the Independent Study were fully met.

Immediate Supervisor/Principal

Date

This Independent Study plan has been approved for _____ renewal credit(s).

Staff Development Coordinator

Date