

Independent Study Project Form

NAME:

PROJECT:

YEARS IN PROJECT:

AGE:

Project Goals: What do you plan to accomplish/learn in your Independent Study Project?

1.

2.

3.

List 5 specific activities you plan to complete to accomplish your goals:

Activity

Completion
Date

1.

2..

3.

4.

5.

How do you plan to showcase what you have learned in this project?

Parent/Helper Signature