

INDEPENDENT STUDY CLASSES
(Parent Designed Course)
FORM FOR QUARTERLY REVIEW

Student Name: _____ **Course:** _____

1st Quarter

Work Samples _____

Tests _____

Grading Sheet _____

Towle Signature _____

2nd Quarter

Work Samples _____

Tests _____

Grading Sheet _____

Towle Signature _____

3rd Quarter

Work Samples _____

Tests _____

Grading Sheet _____

Towle Signature _____

4th Quarter

Work Samples _____

Tests _____

Grading Sheet _____

Towle Signature _____