

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

Student Name: _____ **Course:** _____

1st Quarter (review deadline ___/___/___)

Work Samples _____

Quarterly grade: _____

Tests _____

Percentage: _____

Grading Sheet _____

Towle Signature _____

2nd Quarter (review deadline ___/___/___)

Work Samples _____

Quarterly grade: _____

Tests _____

Percentage: _____

Grading Sheet _____

Mid-term grade: _____ (core course)

Towle Signature _____

3rd Quarter (review deadline ___/___/___)

Work Samples _____

Quarterly grade: _____

Tests _____

Percentage: _____

Grading Sheet _____

Towle Signature _____

4th Quarter (review deadline ___/___/___)

Work Samples _____

Quarterly grade: _____

Tests _____

Percentage: _____

Grading Sheet _____

Final exam grade: _____ (core course)

Towle Signature _____

Year-end grade: _____