

**WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT
COORDINATOR VERIFICATION OF ATTENDANCE GRANTED
FOR SHORT-TERM INDEPENDENT STUDY**

Note: All Short-Term Evaluation of Assignment sheets (Board Policy Exhibit (2)(c)) and student work must be attached to this document.

Student Name: _____

Beginning Date: _____

Ending Date: _____

Total Days of Attendance Granted: _____

School Coordinator's Signature: _____

Date: _____