

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT  
SHORT TERM INDEPENDENT STUDY EVALUATION OF ASSIGNMENT SHEET

<b>Student Name:</b>	<b>Teacher Name:</b>	
<b>Beginning Date:</b>	<b>End Date:</b>	<b>Number of Days:</b>

*Note to Teachers: Student work must be submitted on the day he/she is scheduled to return to class. Please initialize and note date received. Original work samples (not photocopies) must be turned in to the school coordinator within 5 days of the student's return to class.*

Evaluation of Assignment

Grade/Points Earned by Student: \_\_\_\_\_

Percent of Assigned Work Completed: \_\_\_\_\_

\_\_\_\_\_  
Teacher's Initials

\_\_\_\_\_  
Date

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I have reviewed and agree with the other teacher's evaluation.

\_\_\_\_\_  
School Coordinator's Signature

\_\_\_\_\_  
Date

Note: Coordinator must review initial all work assignments attached.