INDEPENDENT STUDY

Independent Study shall be defined as:

A. Senior Volunteer Service/Internship: The student makes a personal contribution to explore a career option and gain valuable pre-employment or post secondary education experience.

B. College Courses: The student takes class(es) off-campus at local college site and in an approved course of study related to a potential college major. Students will be required to schedule no less than one college course (3 credits) for each two high school courses deleted from their schedule during each semester of their senior year.

C. Co-Op Program: The student works off campus as part of a Distributive Education Program. Salary may be earned during hours of M.H.S. regularly scheduled classes.

D. Correspondence Course: The student takes an approved correspondence course to make up credits needed for graduation. All costs, pre-approved courses and completion deadlines are required and the responsibility of the student and parent. Two credits are the limit.

SENIOR VOLUNTEER SERVICE
(an independent study alternative for academic credit)

DESCRIPTION: A flexible program that allows seniors to make a personal contribution, to explore a career option and gain valuable pre-employment experience. A satisfactory proposal contract must be completed and a faculty and site mentor must be secured by the student.

.5 credit -  45 to 89 hours of successful service plus a typed occupation report. (See attached Occupational Report Specifications.)

1.0 credit -  90 to 179 hours of successful service plus a typed occupation report. (See attached Occupational Report Specifications.)

1.5 credit -  180 to 360 hours of successful service plus a typed occupation report. (See attached Occupational Report Specifications.)
plus an appropriate high school or college course related to skills and/or content in preparation for employment in that particular occupational field.

REQUIREMENTS:

The student, with the assistance of his/her guidance counselor, must make the program arrangements prior to the first day of school in their senior year. This will include:

a. A signed contract with an adult mentor from the agency who will develop a job description for the student's service, will assume responsibility for the student's work and advisement on a daily basis. The mentor will submit a monthly evaluation of the student's work and skill development with the student's log of volunteer service hours. This report will be approved by the principal and filed in the student's cum folder.

b. The student will obtain a signed contract with an appropriate faculty member to act as an advisor, assist with the report development and evaluate the required reports.

c. Volunteer service is defined as the student providing meaningful service that is mutually beneficial to the student, the agency and the agency's clients, while observing all of the appropriate rules and regulations of the agency.

d. The volunteer hours are expected to be spread over a period of months, not a concentration of many hours in a short period of time (less than a month). The learning that is expected to occur takes time to develop and evolve, and would not occur in a concentration of hours to accomplish a great physical task. Time allows for reflection and the development of relationships.

e. The school will keep a list of acceptable agencies for volunteer service. Strictly commercial enterprises are excluded. The list will be updated regularly. This list now includes:

1. Milford Hospital
2. Milford School District
3. Milford Manor
4. L. D. Caulk
5. Children's Bureau

ADOPTED: 2/26/96

REVISED: 4/26/10
APPLICATION

MILFORD HIGH SCHOOL
INDEPENDENT STUDY

Date submitted to counselor_________

Acceptance Date______________

1. Students electing to participate in Independent Study must meet all Milford School District and State of Delaware requirements for graduation. Students must seek prior approval for the proposed program.

2. Parents and students understand that any expense involved is the responsibility of the parents, not Milford High School.

3. An AGREEMENT listing program of study and attendance stipulations shall be completed by the student and counselor at the start of each semester. It shall be signed by the student, the student's parent or guardian, a counselor and an administrator.

4. The AGREEMENT shall be submitted to an administrator no later than two weeks following the start of each semester at Milford High School.

5. Courses required for graduation from Milford High School

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Explain briefly the program you propose for your senior year.

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
7. Attach on a separate sheet of paper a short summary of how you feel your proposed program will benefit you in the future and attach it to this application.

Student Name    Student Signature    Date

Address    Parent Signature    Date

Phone

Counselor Signature    Date

Administrator Signature    Date
AGREEMENT

MILFORD HIGH SCHOOL
INDEPENDENT STUDY

I agree to remain in the course(s)/program(s) named below for the remainder of this semester. If I leave the course(s)/program(s), I agree to notify the Guidance Department at Milford High School within two days of leaving and to begin a different program or to return to Milford High School to resume the schedule prepared for me.

I agree that in order to be excused from classes at Milford High School, my program will be a day program.

I agree to meet all requirements for graduation from Milford High School.

I agree to attend all classes scheduled for me at Milford High School including homeroom unless I have a legal and necessary excuse. Documentation will be provided by student and visit site.

I agree to submit a journal with weekly entries relating my experiences in the Independent Study Program. The journal shall be submitted once each semester.

I agree to attend Milford High School when my Independent Study classes are not in session.

Any other agreements: ________________________________

__________________________________________________

__________________________________________________

__________________________________________________

Institution/Agency where Independent Study Program to be pursued

__________________________________________________

__________________________________________________

__________________________________________________

Contact person(s):

__________________________________________________

__________________________________________________
Course/Program of study at above named institution:


Number of days and times of course/program:


Special Notes:


Student

Student Signature

Date

Parent/Guardian

Parent/Guardian Signature

Date

Counselor

Counselor's Signature

Date

Administrator

Administrator's Signature

Date
AGENCY NAME:__________________________________________________________

Student MENTOR’S name:__________________________________________________

AGENCY TITLE:__________________________________________________________

AGENCY SERVICES:_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Student function within the agency:__________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Student contribution goals:_______________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Student learning goals:___________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Specific student responsibilities (a complete listing):__________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Mentor responsibilities:

1. Complete a monthly evaluation form.
2. Provide direct supervision of the student.
3. Schedule and verify student volunteer hours.
4. 
5. 
6. 
7. 
8. 

I accept the responsibilities listed above ____________________________

Signature of Mentor

I accept the responsibilities and conditions of this contract, knowing that the purpose of this educational experience is to learn about the career and the agency while providing a meaningful volunteer contribution to the agency's services. This contract can be terminated by the student, parent, agency, or school at any time. If this termination occurs prior to the end of a semester, the student will receive no credit and will be scheduled for a full course load or provide volunteer service to the school for the balance of the semester, for no academic credit.

Parent Signature Date Student Signature Date

Agency Official Signature Date Guidance Counselor Signature Date

Principal Signature Date Mentor Teacher Date
I. Describe in specific detail the volunteer service experience that has been undertaken by the student.

A. How is the agency organized and why is it organized that way?
B. What is your place and function in the agency?
C. With whom do you interact and why?
D. How do you feel about your contribution and interaction with the agency?

II. List the learning goals for this experience and clearly describe (provide) evidence that these goals were met.

III. What further education is needed to obtain entry level employment in this occupational area?

A. Give the details of locations, program description, costs, etc.

B. Discuss in specific detail the opportunities for advancement in this field. Be sure to include educational requirements and program locations and descriptions.
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<th>DATE</th>
<th>HOURS</th>
<th>Specific tasks/duties performed with personal reflections/evaluations</th>
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ADOPTED: 2/26/96