**Independent Study Unit (ISU) Contract**

**Name of Student:**

**Name of District TRIM Coordinator:**

**Subject Area of Unit:**

**Time Period Projected for Unit:**

**Learning Objectives for Unit:** (What will student know or be able to do when ISU is completed?)

1.

2.

3.

4.

**Learning Events or Experiences Making Up Unit:** (What will student read, attend, explore, study in order to reach objectives?)

1.

2.

3.

4.

**Person(s) Who Will Evaluate Unit:**

\_\_\_\_ District TRIM Coordinator

\_\_\_\_ Other (please identify

**Means of Evaluation:**

1.

2.

3.

4.

**District TRIM Coordinator signature**

**Coordinator of TRIM/EFSM signature
(Reproduce form as needed)**