



**Hampton City Schools
Department of Academic Advancement and Achievement**

Independent Learning Contract

Student Name:		
Teacher Name:		Class:
Date of Contract:		Final review date:
What incident or event made you think about what you would like to learn?		
What is the main goal to be accomplished or purpose of this project?		
What learning tasks need to be completed?		Criteria for assessment or evidence for evaluation
1.		
2.		
3.		
Strategies and resources needed:		Person Responsible
1.		Checkpoint Date(s)
2.		
3.		
Final Due Date:		
Items due:		
Signatures:		
Student _____		Parent _____
Teacher _____		

Student name:

Checkpoint comments:

Teacher signature:

Date:

Final review comments

Teacher:

Student:

Parent:

Signatures:

Student _____ Parent _____

Teacher _____