Creekside High School

ICAN (Independent Contracted And Negotiated) CONTRACT

❑ **Independent Study**
Director Approval Signature Required

❑ **Student Assistant**

LAST NAME:		**FIRST NAME:**
CONTRACTING TEACHER:		**TOTAL CREDITS CONTRACTED:** *(3.0 Credits limit Per Quarter)*
DATE:	**GRADE:**	**NOTES:**

QUARTER: ❑1 ❑2 ❑3 ❑4

COURSE TITLE: _____

CONTRACT DESCRIPTION: _____

_____

CONTRACT TIMELINE: **FROM** _____ **TO** _____

ESTIMATED HOURS *(20 Hours of Acceptable Work = 1 Credit)*	**ASSIGNMENTS, RESPONSIBILITIES, AND EXPECTATIONS**
TOTAL HOURS:	

SAMPLE

I agree to this ICAN Contract.

_____ _____
Student Signature **Date** **Parent Signature** **Date**

_____ _____
Teacher Signature **Date** **Director Signature** **Date**

TEACEHR'S NOTE:
ATTACH this contract to student work samples and a GRADE REPORT and turn in to Sue Campbell (Records Clerk) for transcript posting.