



# VSAA Special Project Application

Academic school year 20\_\_ - 20\_\_

Special Projects are designed for students who are mature, responsible and have demonstrated clarity of purpose and commitment. Students must have all courses in their chosen discipline and/or demonstrated commensurate skills and knowledge. Students are limited to one Special Project per year. Teachers may be responsible for no more than two Special Projects per year. *(Turn in completed form to main office.)*

Name (PRINT): \_\_\_\_\_ Grade: \_\_\_\_\_ Advocate: \_\_\_\_\_

I am requesting approval to apply for a Special Project in \_\_\_\_\_  
(discipline)

during period \_\_\_\_\_ under the supervision/guidance of \_\_\_\_\_  
(Certified Teacher)

### To be eligible for a Special Project, teachers must verify that the student meets one of the following criteria

- I have completed all coursework available in this discipline at VSAA as documented by the following teacher signature verifying the highest course that I have taken.

\_\_\_\_\_ with \_\_\_\_\_  
Course Name Teacher's Name (PRINT)

\_\_\_\_\_  
Teacher's Name (SIGNATURE)

### OR

- I have demonstrated skills and knowledge at the highest level to the following VSAA teacher in this discipline.

\_\_\_\_\_ with \_\_\_\_\_  
Course Name Teacher's Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Teacher's Name (SIGNATURE)

\_\_\_\_\_  
Parent Signature

I have reviewed and agree to supervise this student's project during the assigned class period and will document any alternative location where the student is working such as the media center or tech lab.  
I agree that this student will be under my direct supervision the majority of the class time. Working in an alternative location should happen rarely and only when absolutely necessary to complete the work.

\_\_\_\_\_  
Supervising Teacher's Name (PRINT)

\_\_\_\_\_  
Supervising Teacher's Name (SIGNATURE)

Rev 8/15

OFFICE USE ONLY

Approve  Denied

\_\_\_\_\_  
Administrative signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Name (PRINT): \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

## **Timeline/Description of Outcomes and Evaluations**

Describe in detail how this project will be assessed and your plan for regular progress checks.

### **First Semester**

6 weeks (October \_\_, \_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 weeks (November \_\_, \_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18 weeks (January \_\_, \_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Last Day of First Semester is January 28, 2016*

### **Second Semester**

6 weeks (March \_\_, \_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 weeks (May \_\_, \_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18 weeks (June \_\_, \_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Last Day of Second Semester is June \_\_, \_\_\_\_.*