

Assignment Sheet

<u>Monday:</u>	Textbook needed:	Pages:
Title of assignment:		
Directions		
<u>Tuesday:</u>	Textbook needed:	Pages:
Title of assignment:		
Directions		
<u>Wednesday:</u>	Textbook needed:	Pages:
Title of assignment:		
Directions		
<u>Thursday:</u>	Textbook needed:	Pages:
Title of assignment:		
Directions		
<u>Friday:</u>	Textbook needed:	Pages:
Title of assignment:		
Directions		

Directions for Project

Objective: What is to be accomplished
Materials:
Method: Steps to accomplishment
1.

2.

3. etc.

Special considerations:

Due Date:

Independent Study Sheet

Student name: _____

Class _____ Teacher _____

Dates to be missed: _____

Objectives: _____

Materials: _____

Assignments: _____

Method of evaluation: _____

Student signature: _____

Teacher signature: _____

Parent signature: _____

Assignments will **not** be accepted after _____

Time-Out

TIME OUT

Name _____ Date _____

GO TO ROOM # _____

Assignment:

RETURN TO CLASS AT _____

Accommodations List

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Student _____ Grade _____

Dates _____ Special Concerns _____

Modifications

- Cooperative grouping
- Project based outcomes
- Oral responses to assignments (tape recording or with adult)
- Use of advanced organizers
- Computer assistance
- Directions read or prerecorded
- Directions highlighted or repeated
- Test read to student
- Modified assignment or assessment
- Extended time
- Picture prompts
- Preferential seating
- Peer support

— Pull out help