

SELF – DETERMINED/INDEPENDENT STUDY PROJECT

Project Outline*

Directions: This self-determined project outline must be completed and signed by you and your parent by **May 1**. Please return to the Extension Office: PO Box 230 Joliet, MT 59041

Name _____ Project _____

Why you chose this project:

Set your goals:

What knowledge do you expect to learn?

What, if any, changes in attitude or behavior will you expect?

What skills will you develop?

Design a Plan of Action:

List the activities, methods, procedures, resources, etc. you plan to use to accomplish the goals you have listed.

Estimate the length of time this project will take (designate completion date).

How will you evaluate your project and summarize accomplishments to see if your goals were achieved?

How will you share your project with others?

The person who will supervise this project is:

Member Signature

Date

Parent Signature

Date