

Master Agreement for Short-Term Independent Study - Elementary

Student Name:		Student #	Grade:
Address:		Age:	Birth date:
City:		Zip code:	Phone:
Minimum number of Minutes per Day: K=180, 1-3=230, 4-6=240	Entry Date:	Exit date:	Total days:
Reason for Contract:			

Objective:

- * The major objective for the duration of this agreement is to enable the student to keep current with _____ grade studies for the period covered by this agreement.
- * This agreement is to enable the student to successfully reach the objectives and complete the assignments identified in the assignment and work record form(s) that will be a part of this agreement. With the support of the parent or guardian, the student will submit assignments on or before their due date.
- * The WCCUSD will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- * The student will complete the studies listed below during the term of the agreement.

Subject	Assignment	Date	Signature
1.			
2.			
3.			
4.			
5.			
6.			

Note: Assignments will be comparable in value, difficulty and duration to the on-going activities in the student's classroom.

We agree that reports on the student's progress with assigned work shall be made within 5 days of the student's return to school.

AGREEMENT: We have read pages 1 and 2 of this agreement and hereby agree to all the conditions set forth within.

Student:	Date:
Parent/Guardian:	Date:
Site Administrator:	Date:
Attendance Office:	Date:

CERTIFICATION/EVALUATION: Note: Evaluation will be performed by a certificated teacher upon return to school

Date	Minutes of Attendance Credit	Signature
1.		
2.		
3.		
4.		
5.		
6.		

I have reviewed the work performed and based on that review, award credit noted above

Attendance Office: Days of Apportionment Credit Given: _____

Master Agreement for Short-Term Independent Study

Student:

I understand that:

- * Independent Study is an optional form of education that I have voluntarily chosen.
- * I am entitled to textbooks and supplies, supervision by my teacher, and all the services and resources received by other students enrolled at my school.
- * I understand my attendance and grade credit/marks are based on completion of the assignments. If the assignments are not completed, then my absence will be listed as unexcused and no grade credits will be earned.

I agree to

- * Be supervised by my teacher as written on page 1
- * Complete my assigned work by its due date as explained by my teachers and described in my written assignments.

Student's signature: _____

Parent/Guardian:

I understand that the major objective of Independent Study is to provide a voluntary educational alternative to allow my son or daughter to keep current with their studies

I agree to the above conditions listed under "Student" I also understand that:

- * Learning Objectives are consistent with and evaluated in the same manner that they would be if he or she were not away from school.
- * If my child has an individualized education program (IEP), The IEP must specifically provide for his or her enrollment in Independent Study
- * I am responsible for the supervision of my child while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation.
- * I am liable for the cost of replacement or repair for willfully damaged or destroyed books and other school property checked out to my son or daughter.
- * I understand the student's attendance and grade credit/marks are based on completion of the assignments. If the assignments are not completed, then the absence will be listed as unexcused in the student's permanent attendance record and no grade credits will be earned.

Parent/Guardian signature: _____

Distribution (Upon completion) (Five Copies)	Attendance Office _____ School Administration _____	Teachers _____ District Information _____ Services (Contract only) _____	Student/Parent _____
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