

INDEPENDENT STUDY MASTER AGREEMENT

Name:	Student Number:	Grade
Address:	Age:	Birth Date:
City:	Zip Code:	Phone: (408)
Contract Duration:	Start Date:	End Date:
*Assignments Due (date)	(time)	(School)

***Must be first school day after end date or 10 days, whichever comes first.**

(At this time, the teacher and student will meet to review the completed assignments.)

SUBMIT ASSIGNMENTS TO CLASSROOM TEACHER. (Assignments not completed will result in unexcused absences.)

Objective:

1. The general objective for the term of this agreement is to complete the coursework necessary to keep the student current with the assignments missed during the absence from class.
2. This agreement is to enable the student equal access to existing services and resources available to any and all students enrolled in the school of record.
3. According to district policy for independent study in K-8, no more than 2 weeks may elapse between the date the assignment is made by the teacher and the date it is due.
4. That all course objectives are consistent with those established in the district's core curriculum and adopted by the Board of Trustees.
5. The Berryessa School District will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
6. Other: _____

The student and parent(s) understand that:

1. Independent Study is a form of education that you have voluntarily chosen.
2. If student has an individualized education program (IEP), the IEP must specifically provide for his / her enrollment in Independent Study.
3. The student has the same rights as other students and is entitled to textbooks, supplies, and all the resources available to other children enrolled in this grade.
4. If the student does not complete the assignments and turn them in at Due Date, the absences will be considered unexcused and no credit will be given for independent study.
5. Learning objectives are consistent with and evaluated in the same manner that they would be if he or she were enrolled in a traditional school program.
6. The parent is responsible for ensuring that the work is completed and submitted at Due Date for evaluation. The work must include the student's name, the teacher's name, the date, and the subject.
7. The parent is liable for the cost of replacement or repair of any damaged or destroyed books and other school property checked out to their child.
8. The student will complete the assignments and return the work along with the Assignment and Work Record Form for the teacher to evaluate at Due Date.

Agreement: We have read this agreement in its entirety, including the attached **Assignment and Work Record Forms**, and hereby agree to all the conditions set forth within.

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____

Teacher: _____ Date: _____

Principal/Designee: _____ Date: _____

SHORT TERM INDEPENDENT STUDY ASSIGNMENT FORM

Student's Name: _____ Student ID _____ School _____ Date: _____

ASSIGNMENTS	BOOKS / MATERIALS	SUBJECT	ATTENDANCE DAYS	
		_____ Teacher's signature	# Days Assigned	#Days Accepted
		_____ Teacher's signature	# Days Assigned	# Days Accepted
		_____ Teacher's signature	# Days Assigned	# Days Accepted
		_____ Teacher's signature	# Days Assigned	#Days Accepted
		_____ Teacher's signature	# Days Assigned	# Days Accepted
		_____ Teacher's signature	# Days Assigned	# Days Accepted

A sample of student's work with teacher's signature and date must be attached to original copy and retained at school site.

Must be completed by teacher
Total # School Days credited _____ out of _____ contracted

Distribution: Original: IS File

Copy for Teacher

Copy for Students/Parents

Copy for District Office