

Independent Study Agreement for Grades K-8 Assignment and Work Record Certification Form

FOR A MINIMUM OF 5 CONSECUTIVE INSTRUCTIONAL DAYS

| Name: | School: | Teacher: | | | | |
|---|-------------|------------------------|--|--|--|--|
| Grade: Program Placement (Regular / Special Education): | | | | | | |
| Duration of Agreement: Beginning Date | Ending Date | Number of School Days: | | | | |
| Student work will be due on: | - | · | | | | |

Objective:

- The main objective for the duration of this agreement is to enable the student to keep current with grade level studies for the period covered by this agreement.
- This agreement is to enable the student to successfully reach the objectives and complete the work products identified in the assignment and work record form(s) that will be part of this agreement. With the support of the parent or guardian, the student will submit work products on or before their specified due date.
- No more than 2 weeks may elapse between the date an assignment is made by the teacher and the date it is due, unless an exception is made in accordance with district policy.
- The Fallbrook Union Elementary School District will provide the teacher services, instructional materials and other necessary items and resources as specified for each assignment.

| Subject / Assignment | Teacher Signature | Resources | % Complete | % Incomplete |
|----------------------|-------------------|-----------|------------|--------------|
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Evaluation Method: The student shall return assigned work to the teacher immediately upon returning to school. Teacher will evaluate work done and record progress where indicated above. THE WORK MUST BE TURNED IN ON THE DUE DATE EVEN IF THE STUDENT DOES NOT RETURN TO SCHOOL THAT DAY.

| Parent Signature | Date | Student Signature | Date | |
|------------------------------------|------------------|---------------------------|------|--|
| Supervising Teacher's Signature | Date | _ | | |
| This section is to be comp | leted after rece | iving the student's work. | | |
| Teacher comments / Grade: | | # of days credit given: | | |
| | | Date work received : | | |
| Teacher's Certification Signature: | | Date: | | |
| Principal's Review Signature: | | Date: | | |

Master Agreement for Independent Study (continued)

Student:

*I understand that:

- Independent Study is a form of education that I have voluntarily chosen, and I understand that I can return to the classroom at any time.
- I am entitled to textbooks and supplies, supervision by my teacher, and all the services and resources received by other children enrolled in my grade at ______ School.
- I have the same rights as other students in my grade at the Fallbrook Union Elementary School District.
- I must follow the rules and standards in the discipline code and behavior guide of the ______ School.
- If I do not complete all work products, my incomplete work will result in review of my agreement and I may not be allowed to continue in Independent Study.

I agree to:

- Be supervised by and meet regularly with my teacher as written on page one.
- Complete my assigned work by its due date, as explained by my teacher and described in my written assignments.

Student Signature

Date

Parent / Guardian:

- * I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my son or daughter. 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 enrolled in a traditional school program.
- If my child has an Individualized Education Program (IEP), the IEP must specifically provide for his or her enrollment in Independent Study.
- Unless otherwise indicated, the supervising teacher who signs this agreement will meet with me and my son or daughter on a regular basis as specified on page one to direct the child's study and measure progress toward the objectives in the agreement. It is my responsibility to promptly reschedule any appointment missed due to any <u>emergency</u>. When any student fails to complete three consecutive Independent Study work products, the Superintendent or designee shall conduct and evaluation to determine whether it is in the student's best interest to remain in Independent Study. Evaluation findings shall be kept in the student's permanent record.
- 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 work products necessary for evaluation.
- I am liable for the cost of replacement or repair for damaged or lost books and other school property checked out to my son or daughter.
- It is my responsibility to provide any needed transportation for my son's or daughter's scheduled meetings and any other travel covered by this agreement.
- I have a right to appeal to the school administrator any decision about my son's or daughter's placement or school program according to the Fallbrook Union Elementary School District's procedures.
- I UNDERSTAND THAT THE WORK MUST BE TURNED IN ON THE DUE DATE EVEN IF MY SON OR DAUGHTER DOES NOT RETURN TO SCHOOL THAT DAY.

Parent / Guardian Signature

Date