



# Sierra County Office of Education and Sierra-Plumas Joint Unified School District

## Independent Study Contract

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|---|---|
| <input type="checkbox"/> Loyalton Elementary School | <input type="checkbox"/> Downieville Elementary School  |
| <input type="checkbox"/> Loyalton High School       | <input type="checkbox"/> Downieville Junior High School |
| <input type="checkbox"/> Sierra Pass                | <input type="checkbox"/> Downieville Senior High School |

THIS ORIGINAL CONTRACT and MASTER AGREEMENT is to be completed, approved and signed by **ALL** parties concerned (parent/guardian, student, teacher & School Administrator) **BEFORE** students begins Independent Study term.

THIS ORIGINAL CONTRACT and MASTER AGREEMENT is to be turned in to the school secretary **BEFORE** students begins Independent Study term.

To earn credit for Independent Study all requested coursework **must** be submitted on or before the end date of this contract when the student returns to the classroom.

**Objectives, Methods of Study, Methods of Evaluation, and Resources:** We understand that the student is to complete the subjects/courses listed below, and that the subject/course objectives reflect the curriculum adopted by the district's governing board and are consistent with the district school standards, as outlined in the district's subject/course descriptions.

Student Name: _____	Student #: _____	Grade Level: ____
Address: _____	Birth Date: __/__/____	Age: _____
City: _____	State: _____ Zip: _____	Ph: (____)____-____
Program: _____		Ph: (____)____-____
Duration of agreement: _____	Dates: __/__/____ to __/__/____	
Independent Study Category: _____	____ Regular Class Connected	____ Off Campus
Location of activity: _____		

**It is understood that:** The students will complete the courses listed below. Independent study is an optional educational alternative that students voluntarily select, including students covered under California Education Code sections 48915 and 48917. All students who choose independent study are offered the alternative of classroom instruction, and have the continuing option of returning to the classroom.

**SUBMISSION OF ASSIGNMENTS:**

Maximum amount of time allowed for completion of assignments (work due date) ____/____/____	
Work to be returned by:	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other: _____
Frequency of work review:	<input type="checkbox"/> Weekly   Week Day _____   Time: _____
	<input type="checkbox"/> Upon Students' return to school   ____/____/____
Work must be submitted to (name of person) _____	Location _____
Independent Study Duration: From: ____/____/____ To ____/____/____	# of Independent Study Days ____

The Independent Study Contract is a voluntary alternative to classroom instruction, consistent with DISTRICT's course of study, which allows students to earn attendance credit through supervised ongoing instructional activities which are agreed upon in advance by the school, parents and students. Independent Study may be assigned for absences of 5 or more school days. It is the student's responsibility to complete all assignments and projects according to this agreement. As the parent or guardian, it is your responsibility to monitor your student's progress.

According to the Independent Study Contract, all written assignments must be complete and returned to your student's independent study contract supervisor. All assignments must be turned in by the Work Due Date indicated above. The supervisor will forward the completed assignments to the appropriate teacher for final evaluation and the issuance of attendance credits. All non-written assignments must be validated by the student's parent or guardian. Independent Study requires full documentation for the state auditors. Therefore, ***samples of work completed during the period of this contract must be on file in the school attendance office for a period of three years.***

The major objective of this contract is to enable the student to keep current with his/her studies for the period covered by this contract. **The Assignment and Work Record Form** identifies the objectives to be covered and the study and evaluation methods. Students in Independent Study have access to the same services and resources as is available to other students in their school.

While your student is fulfilling this Independent Study contract, all of the student's education will occur off campus. The parent of guardian assumes all liability for the safety and welfare of the student and for all of the student's educational activity. This contract is for the period indicated and it may not be extended. If it becomes necessary for your student to continue in Independent Study, this contract must be completed and a new contract must be initiated and approved.

**There are no excused absences in the Independent Study Program.**

**When any students fails to complete two (2) consecutive independent study assignments or when the student fails to deliver assignment to Independent Study Teacher within seven (7) days after assignment is due (all late assignments shall be eligible for grade reductions), the Superintendent or designee shall conduct an 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.**

Number	Course Title/Subject/Objectives	Units Sought	Units Earned	Date Earned	Grade
1					
2					
3					
4					
5					
6					
7					
8					

# Acknowledgement of Responsibility

## Students Agreement/Responsibilities

- I voluntarily request participation in this independent study program and have read and understand the terms of the master agreement.
- I will complete all course work outlined in the master agreement, and as assigned to me in the periodic Student Assignment and Work Record.

## Parent/Legal Guardians Agreement

I agree to the above conditions listed under Students Agreement/Responsibilities. I also understand that:

- I am responsible for the daily monitoring/verification of all subjects studied, with scheduled monitoring by the Independent Study Teacher.
- If I become aware of special or extenuating circumstances that will prohibit my student from turning in the assigned work by the due date, I will contact the Independent Study Teacher prior to the due-date to make alternative arrangements.
- I understand that it is my responsibility to provide any needed transportation for my child's scheduled meetings at a mutually agreed upon location reflected on the face of the master agreement and that lack of transportation is not an acceptable reason for failing to meet with the Independent Study Teacher. I have the right to appeal any decision about my child's placement in accordance with the schools policies and procedures.

## Independent Study Teachers Agreement

- The Independent Study Teacher will assign a body of work to be completed during the duration of this agreement.
- The Independent Study Teacher will evaluate work in a timely manner.
- The Independent Study Teacher will notify the student and parent/legal guardian of the academic credit granted for work completed.

**CONTRACT:** We have read this agreement, including the Assignment and Work Record form(s) and hereby agree to all the conditions set forth within.

Student \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Caregiver \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

ISP Teacher \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY:

Actual Days of Short Term Independent Study _____	ADA Calculation* = _____
Total Number of Periods Per Day _____	*Total # of Teachers Awarding Attendance Credit
Total Number of Teachers Awarding Full Attendance _____	<b>DIVIDED BY</b> Total # of Periods Per Day <b>MULTIPLIED</b>
Credit _____	<b>BY</b> Actual # of Independent Study Days