

Las Virgenes USD School I.S. Form

Name: _____ Grade: _____
School Enrolled: _____
Address: _____ Age: _____ Birth Date: _____
City: _____ Zip: _____ Phone: _____
Duration of Agreement: _____ Beginning Date: _____ End Date: _____
Location(s): _____

School Responsibilities:

- This master agreement is in effect for the _____ semester for the _____ school year.
- The major objective for the duration of this agreement is to enable the student to keep up with the current 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 part of this agreement. With the support of the parent, guardian, or caregiver, the student will submit assignments on or before the due date specified in the *Assignment and Work-Record Form(s)*
- According to district policy for Independent Study in grades _____, no more than _____ weeks or _____ school days may elapse between when an assignment is made by the teacher and the date it is due, unless an exception is made in accordance with district policy.
- The Las Virgenes Unified School District will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- Independent Study is a voluntary optional alternative in which no pupil may be required to participate; a classroom option will always be available to the student. In the case of a pupil who is referred or assigned pursuant to Education Code 48915 or 48917, an alternative classroom has been offered and is available at all times at the school specified above.
- The student's work will be evaluated by the method specified in the *Assignment and Work-Record Form(s)*.
- The student agrees to meet with or report to the teacher regularly, in accordance with the frequency, date, time, and location specified in the *Assignment and Work-Record Form(s)*.

Student Responsibilities:

I understand that:

- Independent Study is a form of education that I have voluntarily chosen and I will always have a classroom option available.
- I am entitled to textbooks and supplies, supervision by a certificated teacher, and all the services and resources received by other children enrolled in my grade.
- I have the same rights as other students in my grade at _____
- I must follow the discipline code and behavior guidelines of _____ in accordance with district policy.
- If I do not complete _____ consecutive assignments, my incomplete work will result in review of my agreement and I may not be allowed to continue in Independent Study. I will be assigned to a classroom at _____

I agree to:

- Be supervised by and meet regularly with the assigned Independent Study teacher, in accordance with the frequency, date, time, and location specified in the *Assignment and Work-Record Form(s)*.
- Complete my assigned work by its due date, as explained by my teacher and described in my written assignments.

Parent/Guardian/Caregiver Responsibilities:

I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my student. I agree to the 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 student has an individualized educational 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 my student on a regular basis as specified in the *Assignment and Work-Record Form(s)* to direct the student's study and measure progress toward the objectives in this agreement. It is my responsibility to promptly reschedule any appointment missed because of any emergency.
- I am responsible for supervising my student 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 books and other school property checked out to my student.
- It is my responsibility to provide any needed transportation for my student's scheduled meetings and any other travel covered by this agreement.
- I have the right to appeal to the school administrator any decision about my student's placement or school program in accordance with the Las Virgenes Unified School District's policies and procedures.

AGREEMENT:

We have read all of the pages of this agreement, including the *Assignment and Work-Related Form(s)* made a part of this agreement, and hereby agree to all the conditions set forth within.

Student Signature: _____ **Date:** _____

Witness (if applicable): _____ **Date:** _____

Parent/Guardian/Caregiver: _____ **Date:** _____

District/School Supervising Teacher _____ **Date:** _____

Other Person Responsible: _____ **Date:** _____

Las Virgenes Unified School District
Short Term Independent Study Agreement

Name: _____ School: _____
 Teacher: _____ Student ID: _____
 Subject (Course Title) _____

RESOURCES:

The student will have the resources of school district personnel, curriculum, textbooks, supplementary materials and community resources that are available to all other students of the school enrolled during school hours. The following lists specific materials that are checked out to the student for use during the term of this independent study agreement

METHOD OF STUDY:

Students read _____ answer questions _____ do worksheets _____ take tests _____ other _____

SCHEDULE FOR SUBMITTING ASSIGNMENTS

The student shall submit assignments to the assigned teacher for evaluation upon return or sooner
 Date(s) work will be evaluated: _____
 Frequency: _____ Time: _____ Place: _____ Manner: _____

I HAVE READ THE TERMS OF THIS AGREEMENT AND HEREBY AGREE TO ALL THE CONDITIONS SET FORTH WITHIN.

Student _____ Date: _____
 Teacher _____ Date: _____

METHOD OF EVALUATION

Evaluation portion to be completed by the Independent Study Instructor after student finishes coursework.

EVALUATION: <input type="checkbox"/> Assignments Completed <input type="checkbox"/> Demonstration of Skills <input type="checkbox"/> Written Test <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Minimum Performance of 60% <input type="checkbox"/> Other _____	To be Earned: Beginning Date	Actual Earned Due Date	Makeup Date Completed
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ADA CREDIT RECORD

DATES										
	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
AD Credit										

Evaluating Teacher Signature _____ Date: _____

(Attach representative sample of work and return to attendance Office)