

Master Agreement for High School Independent Study

Name		Student Number	Grade
Address		Age	Birth Date
City	Zip Code	Telephone ()	
Alternative Classroom Option Available at:		Duration	
		Entry Date	Exit Date

Objectives: These subject areas will be attempted during _____ semester of the _____ school year. All course objectives will be consistent with the guidelines established in the district course curriculum guide. Student contract assignment forms contain additional descriptions of students' objectives, study methods, resources supplied and evaluation.

Subject	Credits to be attempted	Subject	Credits to be attempted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<p>Scheduled teacher/student meeting Student and teacher agree to meet according to the following schedule:</p> <p>Time _____ Day _____</p> <hr/> <p>Frequency _____</p> <hr/> <p>Location _____</p>	<p>Evaluation activities</p> <ul style="list-style-type: none"> • Assignment complete <input type="checkbox"/> • Demonstration of skill <input type="checkbox"/> • Written test/report <input type="checkbox"/> • Other _____ <ul style="list-style-type: none"> • Student Log <input type="checkbox"/> • Oral/written <input type="checkbox"/> • Presentation <input type="checkbox"/>
--	--

Agreement: We understand that independent study is an optional educational alternative in which no student may be required to participate and that district policy provides that for grades 9 to 12, no more than 20 days may elapse between the date on which assignment is made and the date on which it is due. 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. We have read the terms of this agreement and hereby agree to all the conditions, including those in the assignments.

Student signature _____ Date _____	Parent/guardian signature _____ Date _____
Teacher signature _____ Date _____	Other signature _____

Certification			
Subject	Credits earned	Teacher initial	Date
Grade			
Total credits _____		Total credits _____	
Date recorded in permanent record: _____		Date recorded in permanent record: _____	
Teacher signature: _____		Teacher signature: _____	

High School Master Agreement (*Continued*)

page 2 of 2

Student:

I understand that:

- Independent study is an optional educational alternative that I have voluntarily selected.
- By entering Independent Study I have not waived any rights as a student, and I am entitled to all Paradise Unified School District services and resources. This includes attendance at sports activities, dances and other social activities (with prior permission).

If I am a student with an individualized education program (IEP), my IEP must specifically provide for my enrollment in Independent Study.

- I must follow all the discipline code and behavior guidelines of the Paradise Unified School District. Any violation of these guidelines or failure to meet school/district requirements could result in dismissal from Independent Study.

- Visitation on any other school campus requires permission from that school.

I agree to:

- Be supervised by Independent Study Staff and/or other approved resource personnel. Meet regularly with assigned staff member. I understand that after any combination of 3 missed assignments or missed appointments or being more than 15 minutes late for appointments as assigned, will result in an evaluation to determine if I should remain in independent study. This evaluation may result in one or more of the following:

1. A letter of concern to me and my parent, if appropriate
2. A specially scheduled appointment
3. A special meeting with the teacher and/or counselor
4. A meeting with the administrator, including my parent or guardian if appropriate
5. Placement on probation at the Independent Learning Center
6. Increase in the amount of time I must be on campus or in an equivalent supervised situation
7. Revocation of any work permit issued until my school work is satisfactorily completed
8. Termination of the agreement and my return to a regular classroom program of instruction or other appropriate alternative

- Obtain transportation to scheduled meetings.

I understand that lack of transportation to the school site is not an acceptable reason for failing to meet with my teacher and/or supervisor to submit my completed assignments.

- Complete my assigned work and achieve at least the minimum performance requirements of the course study. I understand that credit, which is based on mastery of learning, can only be issued after I have successfully completed an activity and it has been evaluated.

Student's signature: _____

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:

- Individual course 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.
- I am liable for the cost of replacement or repair for willfully damaged or destroyed books and other school property that are checked out to my son or daughter.
- Unless otherwise indicated, a teacher or supervisor will meet with my son or daughter on a regular basis to direct and measure progress. The time and location of meetings with the teacher or supervisor will be determined by the teacher or the supervisor in consultation with my son or daughter.
- I have the right to appeal any decision about my son's or daughter's placement, school program, or transfer according to school district's procedures.

Parent's/ Guardian's signature: _____