

## Independent Study Master Agreement

Student's name:	ID number:	Grade level:
Street:	Age:	Birth date:
City:	Zip code:	Phone:
Student's or parent's e-mail:	Duration of agreement:*	2nd Phone:
School of enrollment/Program placement:	Beginning date:	Ending date:

\* Indicate days, weeks, quarter, semester, or one-half year; maximum length allowable is one semester (or one-half year in year-round schools).

**Note:** Schools offering independent study for **academic credit only** are not required to complete forms for apportionment, including this Master Agreement.

**Objectives, Methods of Study, Methods of Evaluation, and Resources:**

The student is to complete the subjects/courses listed below. Subject/course objectives reflect the curriculum adopted by the district's governing board and are consistent with district standards, as outlined in the district's subject/course descriptions. The specific objectives, methods of study, methods of evaluation, and resources for each course or grade level covered by this agreement will be described in the corresponding Subsidiary Assignment agreements, which are part of this agreement.

**Subjects/Courses in Which Student Is Enrolled:**

Subject/Courses	Academic Credit*	Subject/Courses	Academic Credit*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* May be expressed in terms of days, weeks, or semester credits, as appropriate for grade level.

**Reporting:**

Students are required to submit work to their teacher(s) as scheduled. Method of Submission: by mail/in person.  
 Time: by end of school day. Day: see due date, p. 2. Frequency: every 20 school days or less. Place: school site.

**Assignments:**

According to district policy for grades K through adult, the maximum length of time allowed between the beginning of an assignment and the date the assignment is completed is 20 school days, unless an exception is made in accordance with district policy. Work products completed with dates outside of the assignment period will be disallowed. After a student twice fails to submit completed assignments as scheduled, an evaluation will be made to determine whether independent study is an appropriate strategy for this student. A written record of the findings will be placed in the student's permanent record.

**Statement of Voluntary Participation:**

Independent study is offered at the district's option. Students will be permitted to enroll in independent study only if it is determined to be an appropriate alternative. No pupil may be required to participate in independent study, and every pupil participating in independent study has the continuing option of returning to the classroom.

**Equitable Provision of Resources and Services:**

The independent study option is to be substantially equivalent in quality and quantity to classroom instruction. Students who choose to engage in independent study are to have equivalent rights and privileges with students in the regular school program.

**Signatures and Dates:**

I have read and understand the terms of this agreement, and agree to all the provisions set forth. All signature lines must be completed.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If student is under 18)

Supervising Credentialed Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

### Independent Study Master Agreement

Student's Name:	Student's ID number/Date of Birth:
Supervising Credentialed Teacher:	Grade Level:

**Calculation of attendance:**

The district may not claim ADA unless all parts of the Master Agreement are completed and signed on or before the day of the first assignment.

**Supervising credentialed teacher:** Complete the first four columns below **prior** to the start of agreement. Complete the last two columns and all comments below **after** the student returns the assigned work.

Attendance (2007–2008 School Year)				Attendance (Number of Days or Hours)	Supervising Credentialed Teacher's Initials
Start Date	Completion Date	School Days (20 max.)	Submission Date		

A review to examine or discuss poor progress **was** / **was not** needed.

Date and outcome: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Supervising credentialed teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist for Audit File (retain for the current school year plus three additional years):**

- \_\_\_\_\_ Master Agreement
- \_\_\_\_\_ Subsidiary Independent Study Assignment Agreement
- \_\_\_\_\_ Work sample for each Subsidiary Assignment Agreement (signed and dated by the supervising credentialed teacher)
- \_\_\_\_\_ Completed file and ADA calculation given to attendance clerk