

Subsidiary Independent Study Assignment Agreement

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|-----------------|------------------------|----------------|
| Student's name: | Start Date: | Subject: |
| Teacher's name: | Completion Date: | Course Title: |
| | Number of School Days: | Course Number: |

Teacher: Please fill in the boxes below with objectives as defined in the San Diego Unified School *District Course of Study, K-12* (available on-line at studata.sandi.net/cos). Specific resources may include textbook, materials, personnel.

Method of evaluation: Final grade is determined by the quality of student work as defined by district and state subject-area standards. Evaluation may be based on written work, tests, and/or presentations and demonstrations.

| Assignment Objectives/Method of Study/Activities/Specific Resources | Date Assigned | Teacher's Initials |
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Classroom Teacher's Signature: _____ Date: _____