

*This form must be submitted to teacher(s) or attendance clerk at least 10 school days prior to the intended first day of absence.
**There is no extension for absent students; due date cannot be extended.
***All work assigned must be returned on the first school day following the end of this contract.

Date out: _____

Date returned: _____

Staff: _____



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SHORT TERM INDEPENDENT STUDY AGREEMENT

Student Name: _____ Grade: _____ Birth Date: ____/____/____

Address: _____ City: _____, CA Zip: _____

Reason for Requesting Independent Study*:

**If Medical, include doctor note indicating student cannot attend school for specified time period.*

Parent Name(print): _____ Parent Contact Phone number: _____

Parent Email: _____ Student Email: _____

Independent Study is an agreement between the student, parent and the teacher(s).

In order to receive credit for Independent Study, the student agrees to do the following:

- To meet with the assigned teacher at the school site on the first day that class meets, immediately after the last day of this agreement or at least once every five (5) school days, whichever comes first. (Contracts extending beyond 3 days require assignments to be turned in on the next school day immediately following the final date of contract and shall not exceed 10 school days)
- To complete all assigned work by the due date.
- To report to the School Office immediately upon returning to school.
- To return all books and materials to the teacher upon completion of the course work.

The student will be assigned course work which will satisfy immediate and/or long-term objectives. The content will usually include English, Math, Social Studies, Science, PE and Electives needed to meet the guidelines established by Summerville Elementary School District.

The student will be given an assignment sheet for class/classes. All assignments are due upon the student's return to the classroom or the day following the end of the contract-whichever date comes first.

In accordance with E.C. 51747 and Board Policy 6158, missing assignments or failure to meet the Independent Study agreements, a conference will be held to determine if Independent Study or another educational program will better suit the student's needs. Independent Study is an optional educational alternative in which NO ONE IS REQUIRED TO PARTICIPATE. In accordance with E.C. 48915 and 48917, students referred to Independent Study are also eligible for classroom instruction.

This agreement is in effect from:

(date of 1st school absence) _____ to (date of last school absence) _____

Must not be less than three (3) but not more than ten (10) consecutive school days.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Teacher Initials: (Elem) _____ (Middle) ELA _____ Math _____ Sci _____ Soc St _____ PE _____ Elec. _____

Administrator Approval: _____ Date: _____

SUMMEVILLE ELEMENTARY SCHOOL DISTRICT SHORT TERM INDEPENDENT STUDY PLAN

Student Name: _____ Grade: _____

1. OBJECTIVES: What will be accomplished

Student will complete coursework equivalent to the classroom work for the contract days.

2. ACTIVITIES: How objectives will be accomplished

Student will receive assignments, worksheets, textbooks and/or other materials. Assignments will reflect course work for the period of the contract.

3. EVALUATION: How objectives will be evaluated

Teacher(s) will evaluate the body of work turned in to determine its value in days of credit.

4. PROGRESS MONITORING: How, when and where contract progress will be reported

Student will present work to the teacher in the regular classroom by (date) _____

5. CONNECTIVITY: Resources available to the student

Staff confirms that the student has access to a Chromebook, and internet source, and any other resources that the student may require to ensure access such as textbooks (staff initials) _____

I agree to the terms of this contract:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Administrator Approval: _____ Date: _____

For Office Use ONLY:

Contract Days: _____ Date Started: _____ Date Completed: _____

Total Days Earned: _____ (Summarize Assignment Sheets) Administrator or Designee

Signature: _____ DATE: _____