

# Willow Creek

## Master Agreement for Short-Term Independent Study

Student Name:		Student #:	Grade:
Address:		Age:	Birth Date:
City:		Zip Code:	Phone:
Minimum Number of Minutes per day: K=180, 1-5=230, 6-7=240	Entry date:	Exit date:	Total days:
Reason for Contract:			

**Objective:**

- The major object for the duration of this agreement to enable the students to keep current with grade level studies for the period cover by this agreement
- This agreement is to enable the students to successfully reach the objectives and complete the assignments identified in the assignment and work record form(s) that will be a part of this agreement. With the support of the parent or guardian, the student will submit assignments on or before their due date.
- According to district policy for independent study in grades K-8, no more than 2 weeks may elapse between the date an assignment is made by the teacher and the date it is due, unless an exception is made in accordance with district policy.
- The student will complete the studies listed below during the term of the agreement.

Subject	Assignment	Date	Teacher Signature
1.			
2.			
3.			
4.			
5.			
6.			

Note: Assignments will be comparable in value, difficulty and duration to the on-going activities in the student's classroom.

We agree that reports on the student's progress with assigned work shall be made within 5 days of the student's return to school.

**AGREEMENT:** We have read pages 1 and 2 of this agreement and hereby agree to all the conditions set forth within.

Student:	Date:
Parent/Guardian:	Date:
Site Administrator:	Date:
Attendance Office::	Date:

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**CERTIFICATION/EVALUATION:** (Note: Evaluation will be performed by a certificated teacher upon return to school)

Date	Minutes of Attendance Credit	Teacher Signature
1.		
2.		
3.		
4.		
5.		
6.		

I have reviewed the work performed and based on that review, award the credit not above.

Attendance Office: Days of Apportionment Credit Given: \_\_\_\_\_

## Master Agreement for Short-Term Independent Study

**Student:**

*I understand that:*

- Independent Study is an optional form of education that I have voluntarily chosen.
- I am entitled to textbooks and supplies, supervision by my teacher, and all the services and resources received by other students enrolled at my school
- I understand my attendance and grade credit/marks are based on completion of the assignments. If the assignments are not completed, then my absence will be listed as unexcused and no grade credits will be earned

*I agree to:*

- Be supervised by y teachers as written on page 1.
- Complete my assigned work by its due date, as explained by my teachers and described in my written assignments,

Student's Signature: \_\_\_\_\_

**Parent/Guardian:**

*I understand that the major objective of Independent Study is to provide a voluntary educational alternative to allow my son or daughter to keep current with their studies. I agree to the above 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 not away from school.
- If my child has an individualized education program (IEP), the (IEP) must specifically provide for his or her enrollment in Independent Study.
- Unless otherwise indicated, the supervising teacher (s) who signs this agreement will meet with my son or daughter upon their return to school to measure progress towards the objectives in this agreement.
- I am responsible for the supervision of my child 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 or destroyed books and other school property checked out to my son or daughter.
- I understand the student's attendance and grade credit/marks are based on completion of the assignments. If the assignments are not completed, then the absence will be listed as unexcused in the student's permanent attendance record and no grade credits will be earned.

Parent/Guardian signature: \_\_\_\_\_

Distribution ((Upon completion) (Five-Copies)	Attendance Office _____	Teachers Information _____	Student/Parent _____
	School Administration _____	Services (contract only) _____	