

MOUNT SHASTA UNION SCHOOL DISTRICT
INDEPENDENT STUDY PROGRAM

EXHIBIT (a) 6158

AGREEMENT

Name: _____ Grade: _____ Age: _____
Address: _____ Date of Birth: _____
City: _____ Duration Beginning Date: _____
Zip Code: _____ Phone: _____ Ending Date: _____

School Responsibilities:

- This master agreement is in effect for the current school year.
- The major objective for the duration of this agreement is to enable the student to keep current with grade level studies for the period covered by this agreement.
- This agreement is to enable the student 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, guardian, or care giver, the student will submit assignments on or before the due date specified in the *Assignment and work-Record Form(s)*.
- According to district policy for Independent Studies, no more than 1 week may elapse between when an assignment is made by the teacher and the date it is due, unless an exception is made in accordance with district policy.
- The Mount Shasta Union School District will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- The student will complete, during the term of this agreement, the course work listed below. All course work will be consistent with the Mount Shasta Union Elementary School District adopted curriculum. The *Assignment and Work-Record Form(s)* include the course descriptions, objectives, study methods, evaluation methods, and resources covered by this agreement.
- Independent Study is a voluntary optional alternative in which no pupil may be required to participate; 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.
- The student's work will be evaluated by the method specified in the *Assignment and Work-Record Form(s)*.
- The student agrees to meet with or report to the teacher regularly, in accordance with the frequency, date, time, and location specified in the *Assignment and Work-Record Form(s)*.

Student Responsibilities

I understand that:

- Independent Study is a form of education that I have voluntarily chosen and I will always have a classroom option available.
- I am entitled to district adopted materials, supervision by a certificated teacher, and all the services and resources received by other children enrolled at my grade level.
- I have the same rights as other students in my grade at Mount Shasta Union School District.
- I must follow the discipline code and behavior guidelines of the Mount Shasta Union School District, in accordance with district policy.
- If I do not complete the assignments, my incomplete work will result in review of my agreement and I may not be allowed to continue in Independent Study. I will be assigned to a classroom at Mount Shasta Union School District.

I agree to:

- Be supervised by and meet regularly with the assigned Independent Study teacher, in accordance with the frequency, date, time, and location specified in *Assignment and Work-Record Form(s)*.
- Complete my assigned work by its due date, as explained by my teacher and described in my written assignment.

Parent/Guardian/Caregiver Responsibilities:

I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my student. I agree to the 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 enrolled in a traditional school program.
- If my student has an individualized educational program (IEP), the IEP must specifically provide for his or her enrollment in Independent Study.

- Unless otherwise indicated, the supervising teacher who signs this agreement will meet with my student on a regular basis as specified in the *Assignment and Work-Record Form(s)*. To direct the student's study and measure progress toward the objectives in this agreement. It is my responsibility to promptly reschedule any appointment missed because of any emergency.
- I am responsible for supervising my student 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 books and other school property checked out to my student.
- It is my responsibility to provide any needed transportation for my student's scheduled meetings and any other travel covered by this agreement.
- I have the right to appeal to the school administrator any decision about my student's placement or school program in accordance with the Mount Shasta Union Elementary School District's policies and procedures.

Agreement:

We have read all pages of this agreement, including the *Assignment and Work-Record Form(s)*. Made a part of this agreement, and hereby agree to all the conditions set forth within.

Student Signature _____ Date: _____

Witness (if applicable) _____ Date: _____

Parent/Guardian/Caregiver: _____ Date: _____

District/School Supervising Teacher: _____ Date: _____

**Short Term Independent Study
Student Work Assignment Record**

Name: _____ **School:** _____

Classroom Teacher: _____ **Grade:** _____

Subject (s): _____

Course Objectives:

Resources: (List any specific materials that may have been checked out)

Method of Study:

Student _ reads _ answer questions _ does worksheets _ takes tests _ other _____

Schedule for submitting assignments:

The student shall submit assignments to the assigned teacher for evaluation according to the following schedule:

Frequency: _____ Time: _____ Place: _____ Manner: _____

I have read the terms of this agreement and hereby agree to all the conditions set forth within.

Student: _____ **Date:** _____

Teacher: _____ **Date:** _____

Method of Evaluation: (Completed by Independent Study Teacher)

Evaluation: <ul style="list-style-type: none"> • Assignment completed • Demonstration of Skills • Written Skills • Oral Presentation • Minimum Performance of 60% • Other: _____ 	Credits to be Earned:	Actual Credits Earned:	Make-up:
	Beginning Date:	Due Date:	Date Completed:

ADA Credit Record

Days	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
Dates										
ADA Credit										

Evaluating Teacher Signature: _____ **Date:** _____