

INDEPENDENT STUDY CONTRACT

LONG TERM CONTRACT

Contacts:	<i>Counselor:</i> Jordan Leverette jleverette@encorehighschool.com	<i>Primary Teacher:</i>	School Phone Number: 760.956.2632
If you are going to be absent for more than 3 days, please contact office 2 weeks in advance. Please use blue or black ink only.			
Name:	Age:	Birth Date:	Grade:
Address	City:	Zip:	Phone:
Duration of Agreement:	Start Date:	End Date:	

School Responsibilities:

- This master agreement is in effect for the ___ semester of the ___21/22___ school year.
- The major objective for the duration of this agreement is to enable the child to keep current with _____ grade studies for the period covered by this agreement.
- This agreement is to enable the child 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 caregiver, the child will submit assignments on or before the due date specified in the Assignment and Work-Record Form(s).
- For Independent Study in grades _____, no more than ___ weeks or ___ school days may elapse between when an assignment is made by the teacher and the date it is due unless an exception is made in accordance to Ed Code 51747.
- Encore High School will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- The child will complete, during the term of this agreement, the course work listed below. All course work will be consistent with Encore High School 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 child. 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 child's work will be evaluated by the method specified in the Assignment and Work- Record Form(s).
- The child 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 continuously have a classroom option available to me should I choose to no longer participate in Independent Study.
- I am entitled to textbooks and supplies, supervision by a certificated teacher, and all the services and resources received by other children enrolled in my grade.
- I have the same rights as other students in my grade at my current school.
- I must follow the discipline code and behavior guidelines of the school, in accordance with school policy.
- If I do not complete 3 consecutive assignments, my incomplete work will result in an evaluation to determine if I should remain in independent study or be immediately returned to a classroom at my last school of enrollment.

I agree to:

- Be supervised by and meet regularly with the assigned Independent Study teacher and/or approved resource personnel responsible for my educational studies as outlined on page one of this agreement.
- Complete my assigned work by its due date, as explained by my teacher or teachers and described in my written assignments.

Parent/Guardian/Caregiver Responsibilities:

- I understand that Independent Study is an optional educational alternative for my child that I have voluntarily selected. 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 my child were enrolled in a traditional school program at his/her current school.
- If my child has an individualized educational program (IEP), the IEP must specifically provide for his or her enrollment in Independent study.

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- Unless otherwise indicated, the supervising teacher who signs this agreement will meet with my child on a regular basis as specified on page one of this agreement. The purpose is to direct the child'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 child while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation by dates due.
- I am liable for the cost of replacement or repair for willfully damaged books and other school property checked out to my child.
- It is my responsibility to provide any needed transportation for my child'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 child's placement or school program in accordance with the Encore Education Corporation's policies and procedures.

AGREEMENT:

We have read this agreement, including the Assignment and Work Record form(s) and hereby agree to all the conditions set forth within.

- Student _____ Date _____
- Parent/Guardian/Caregiver _____ Date _____
- Independent Study Supervising Teacher _____ Date _____
- Teacher(s) Signature(s) &Date: _____
- _____
- _____

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STUDENT WORK ASSIGNMENT RECORD

Student/Child Name: _____ Grade: _____

Teacher: _____ Date Given _____ Date Due: _____

SCHEDULE FOR REPORTING OR SUBMITTING ASSIGNMENTS TO ASSIGNED TEACHER: The child shall submit assignments to the assigned teacher according to the following schedule:

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

Incomplete assignments will result in reevaluation of this child's future independent study placement.

Assignment Start Date: _____ Assignment Due Date: _____

Method of Study: Child reads ___ Answers Questions ___ Completes Assignments ___ Takes Quizzes ___

Other _____

Method of Evaluation: Demonstration of skills ___ Written Test ___ Oral Presentation ___ Minimum performance of 60% ___ Other: _____

List of resources and study materials: _____

I HAVE READ THE TERMS OF THIS AGREEMENT AND HEREBY AGREE TO ALL THE CONDITIONS SET FORTH WITHIN.

STUDENT SIGNATURE: _____ **DATE:** _____ **The**

following section is to be completed by the assigned teacher(s) after pupil completes assignments.

TEACHER	SUBJECT	TEACHER SIGNATURE	DATE	GRADE	DATE COMPLETED	INITIAL

SUPERVISING TEACHER'S EVALUATION/CERTIFICATION My signature below indicates the I, the assigned supervising teacher, have personally evaluated the student's work, or I have personally reviewed the evaluations made by other certificated Teachers.

Total Number of Independent Study Days Possible	
Total Number of Independent Study Days Not Credited	
Total Number of Independent Study Days Credited	

Supervising Teacher Signature: _____ Date: _____

*Make up(academic) if applicable _____