



**Independent Study Contract
Short-Term (1-15 Days)**

Start date:	End date:
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Student Information

Name:		Date of Birth:
Teacher:	School:	Grade:

Briefly describe the reason for the Independent Study request:

Parent/Guardian Information

Parent/Guardian Name:	
Home Address:	
Email Address:	
Phone Number:	Secondary Phone Number:

By signing below, you are acknowledging that you have chosen to have your child participate in Independent Study as an educational alternative. You are also indicating that you have read and understood the attached agreement for Independent Study. The teacher will provide at least the amount of work as required per school day for the student. The assigned work must be submitted to the teacher as specified in the attached agreement for the child to be counted in attendance. Incomplete or late submission of work, may result in your child being considered absent from school and therefore, may result in further action by administration.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Teacher or Counselor Signature _____ Date: _____

Principal Signature _____ Date: _____



Student Responsibilities: *I understand that...*

- Independent study is a form of education that I have voluntarily chosen and will always have a classroom option available.
- I am entitled to a Chromebook, mobile hotspot, textbooks and supplies, by a certified teacher, and all services and resources received by other children enrolled in my grade at Murdock Elementary School, Willows Intermediate School, Willows High School or Willows Community High School.
- I must follow the discipline code and behavior guidelines in accordance with district policy.
- Daily participation is required. Absences in excess of three (3) days will result in an evaluation to determine if Independent Study is an appropriate placement.
- Students have one (1) week to complete assignments after they are assigned by the teacher and three (3) missing assignments may result in an evaluation to determine if independent study is an appropriate placement.
- **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 on the *Assignment and Work Record Form(s)*, **and** complete my assigned work by its due date, as explained by my teacher and described in my written assignments.

Parent/Guardian/Caregiver Responsibilities: *I understand that...*

- The major objective of Independent Study is to provide a voluntary educational alternative for my students.
- 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.
- Unless otherwise indicated, the supervising teacher who signs this agreement will meet with my student on a regular basis, as specified, to direct the student's study and measure progress toward the objectives in this agreement.
- I am responsible for supervising my student while he or she is completing the assigned work for ensuring the submission of all completed assignments necessary for evaluation.
- I am liable for the cost of replacement or repair for willfully damaged technology, books, and other school property checked out to my student.
- It is my responsibility to provide necessary 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 Willows Unified School District's policies and procedures.

