

**STOCKTON UNIFIED SCHOOL DISTRICT
ELEMENTARY SCHOOL STUDENT**

MASTER AGREEMENT FOR INDEPENDENT STUDY – PART 1

Name:		Student ID Number:	Grade:
Address:		Age:	Birth date:
City:	Zip Code:		Phone: ()
School:	Entry Date:		Exit Date:
Duration of Contract:			

OBJECTIVE:

- The major objective for the duration of this agreement is to enable the student to keep current with his/her 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 caretaker the student will submit assignments on or before their due date.
- According to district policy for independent study in grades K-3, no more than one week and grades 4-6, no more than two 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 Stockton Unified School District will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- The student will complete the studies listed below during the semester or term of the agreement as they are outlined in the Stockton Unified School District curriculum
- Other: (List studies here)

We agree on regular reports on the student’s work, as follows:

The student’s work will be evaluated by the methods specified in the assignment and work-record form.

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

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/Caregiver	Date
Teacher	Date
Counselor	Date
Program Administrator	Date

CERTIFICATION

Date recorded:_____ Supervising teacher’s signature:_____

**STOCKTON UNIFIED SCHOOL DISTRICT
ELEMENTARY SCHOOL MASTER AGREEMENT FOR INDEPENDENT STUDY – PART 2**

STUDENT

I understand that:

1. Independent Study is an optional education alternative that I have chosen.
2. I am entitled to textbooks and supplies, supervision by my teacher, and all the services and resources received by other children enrolled in my grade of Stockton Unified School District.
3. I have the same rights as any student of the school district.
4. I must follow all the discipline code and behavior guidelines of the Stockton Unified School District.
5. If I do not complete all of my assignments my incomplete work will result in review of my agreement and I may not be allowed to continue in Independent Study.

I agree to:

1. Be supervised by and meet regularly with my teacher on page 1.
2. Complete my assigned work by its due date, as explained in my written assignments.

Student's signature: _____ Date: _____

PARENT/GUARDIAN/CAREGIVER

I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my son or daughter.

I agree to the above conditions listed under “**Student**”. I also understand that:

1. 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.
2. If my child has an individual education program (IEP), the IEP must specifically provide for my son's or daughter's enrollment in Independent Study.
3. Unless otherwise indicated, the supervising teacher who signs this agreement will meet with my son or daughter on a regular basis as specified on page 1 to direct and measure progress toward the objectives in the agreement. It is my responsibility to promptly reschedule any appointment missed due to any emergency.
4. I am responsible for supervising my child while he or she is completing the assigned work and for submitting all completed assignments necessary for evaluation.
5. 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.
6. It is my responsibility to provide any needed transportation for my son's or daughter's scheduled meetings and any other travel covered by this agreement.
7. I have the right to appeal any decision about my son's or daughter's placement, school program, or transfer according to the Stockton Unified School District's procedures.
8. Credit is granted for attendance according to the quantity and quality of work completed as assessed by the qualified employee.

Parent's/Guardian's/Caregiver's signature: _____ Date: _____

**STOCKTON UNIFIED SCHOOL DISTRICT
ELEMENTARY SCHOOL STUDENT
INDEPENDENT STUDY**

WEEKLY ASSIGNMENT – PART 3

Student Name: _____

Reporting Place: _____

Month: _____ Week of: _____ Time: _____

SUBJECT TITLE – DESCRIPTION	ASSIGNED HOURS	COMPLETED HOURS
Language Arts:		
Resources provided by district:		
Math:		
Resources provided By district:		
Social Studies:		
Resources provided By district:		
Science/Health:		
Resources provided By district:		

TOTAL ATTENDANCE HOURS _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Student Signature: _____ Date: _____