

**STOCKTON UNIFIED SCHOOL DISTRICT  
MIDDLE SCHOOL STUDENT**

**MASTER AGREEMENT FOR INDEPENDENT STUDY – PART 1**

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

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

**SIGNATURES:**

Student	Date
Parent/Guardian/Caregiver	Date
Assigned Instructor	Date
I. S. Program – Administrator	Date
Counselor	Date

**OBJECTIVE:** The student will complete the courses listed below during the semester as they are outlined in the Stockton Unified School District course descriptions. All course objectives will be consistent with the established district guidelines. Assignment and work-related forms will include additional descriptions of the major objectives and activities of the course of study covered by the agreement and the methods for evaluating the student work. It is understood that:

1. The purpose of this agreement is to enable the student to successfully reach the objectives and complete the assignments identified in the assignment and work-related forms that will be part of this agreement.
2. According to district policy for independent study in grades nine through twelve, 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.
3. The Stockton Unified School District will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
4. The student agrees to meet with or report to the teacher regularly, in accordance with the frequency, date, time and location specified in the course contract or the assignment and work-related form.

SUBJECT	COURSE LENGTH (circle)		SUBJECT	COURSE LENGTH (circle)	
	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem		1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem		1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem		1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem

**CERTIFICATION OF COMPLETED COURSEWORK:**

Subject	Course Number	Grade	Teacher's Initials	Date

Total Credits: \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Teacher's Signature: \_\_\_\_\_

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

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**STUDENT**

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*I understand that:*

1. Independent Study is an optional education alternative that I have chosen.
2. I am entitled to textbooks, a teacher, and all school district services and resources.
3. I must follow all the discipline code and behavior guidelines of the Stockton Unified School District.
4. I have the same rights as any student of the school district.

*I agree to:*

1. Be supervised by and meet regularly with my teacher. The frequency, date, time and location will be determined by my work and assignments. I realize that it is my responsibility to promptly reschedule any appointment I miss because of an emergency. I understand that if I do not give evidence of two complete assignments, my agreement may be reviewed.
2. Complete my assigned work and achieve at least the minimum performance requirements of the course of study.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PARENT/GUARDIAN/CAREGIVER**

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*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. Individual course 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, a teacher or supervisor will meet with my son or daughter on a regular basis to direct and measure progress. The time and location of meetings with the teacher or supervisor will be determined by the teacher or the supervisor in consultation with my son or daughter.
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. To ensure that my child's independent study is consistent with traditional schooling, I need to encourage my son or daughter to meet more than the minimum study requirements.
6. 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.
7. It is my responsibility to provide any needed transportation to the school site for my child.
8. 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.
9. 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: \_\_\_\_\_

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MIDDLE SCHOOL STUDENT  
INDEPENDENT STUDY**

**WEEKLY ASSIGNMENT SUMMARY – PART 3**

Student Name: \_\_\_\_\_ Next Meeting Date: \_\_\_\_\_

Week of: \_\_\_\_\_ Time: \_\_\_\_\_

	Hours to Complete	Percent of Completion
1. Subject: _____ Assignments: _____  TESTS: _____ RESOURCES: _____	<input style="width: 80px; height: 80px;" type="text"/>	<input style="width: 80px; height: 80px;" type="text"/>
2. Subject: _____ Assignments: _____  TESTS: _____ RESOURCES: _____	<input style="width: 80px; height: 80px;" type="text"/>	<input style="width: 80px; height: 80px;" type="text"/>
3. Subject: _____ Assignments: _____  TESTS: _____ RESOURCES: _____	<input style="width: 80px; height: 80px;" type="text"/>	<input style="width: 80px; height: 80px;" type="text"/>
4. Subject: _____ Assignments: _____  TESTS: _____ RESOURCES: _____	<input style="width: 80px; height: 80px;" type="text"/>	<input style="width: 80px; height: 80px;" type="text"/>

Total Attendance Hours: \_\_\_\_\_

Subject #1 Evaluation	Date	Subject #2 Evaluation	Date	Subject #3 Evaluation	Date	Subject #4 Evaluation	Date
Assignment Complete		Assignment Complete		Assignment Complete		Assignment Complete	
Demonstration Skills		Demonstration Skills		Demonstration Skills		Demonstration Skills	
Written Test		Written Test		Written Test		Written Test	
Student Log		Student Log		Student Log		Student Log	
Oral/Written		Oral/Written		Oral/Written		Oral/Written	
Hours of Attendance Credit		Hours of Attendance Credit		Hours of Attendance Credit		Hours of Attendance Credit	
Other Evaluation Comments							

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

