



CUCAMONGA SCHOOL DISTRICT ELEMENTARY SCHOOL MASTER AGREEMENT FOR INDEPENDENT STUDY

Name: _____ Student Number: _____

Address: _____ Grade: _____ Age: _____ Birth Date: _____

City: _____ Zip code: _____ Phone: _____

Duration: _____ Entry date: _____ Exit date: _____

Location(s): _____

Objective: I will complete the studies below during the semester as they are outlined in the Cucamonga School District Curriculum. I will turn in my assignments and work records forms. The Cucamonga School District will provide me with a teacher, textbooks/materials, computer time, and field trips. I understand that it is district policy that for grades ____ and for the _____ program no more than _____ may elapse between the date and assignment is made and the date on which it is due.

I agree to meet and talk with my teacher regular:

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

For Independent Study during travel all assigned work must be turned in on the date the student returns to school.

Subject	Course Value/ # of Weeks	Subject	Course Value/ Time Completed

Agreement: We have read pages 1-3 of this agreement and hereby agree all conditions set forth within. I understand that if I do not turn in all assigned work, my dates of absence will be changed to “unexcused” and I may be considered for truancy referral.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Teacher: _____ Date: _____

Other: _____ Date: _____

Principals/Designee: _____ Date: _____

The Cucamonga School District offers two forms of Independent Study Programs. Through the Individualized Alternative Education program, students work at home under the supervision of their parents and meet weekly with a supervising teacher for instruction, evaluation of progress and assignment of new activities. Through the Continuing and Special Study During Travel Program, students are assigned activities to complete under parent supervision. When students participate in the Continuing and Special Study During Travel Program the following will not be available to the student: audiovisual and other supplemental materials, computers, field trips, supervision of the instruction by a teacher or regular meetings with a teacher.

Student:

I understand that:

- Independent study is a form of education that I have chosen.
- 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 _____ School.
- I have the same rights as other students in my grade at the school listed above.
- When on campus, I must follow the rules and standards in the discipline code and behaviors guidelines of the school listed above.
- If I do not complete 2 assignments my incomplete work will result of my agreement and I may not be allowed to continue in Independent Study.

I agree to:

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

Students signature: _____

Parent/Guardian:

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:

- 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 child has an Individualized Education Program (IEP), The IEP must specifically provide for his or her enrollment in Independent Study. The IEP does not have to specify independent study for Special Study During Travel for a period not to exceed 10 days.
- 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 the child's study and measure progress toward the objectives in this agreement. It is my responsibility to promptly reschedule any appointment missed due to any emergency.
- I am responsible for the supervision of my child while he or she is completing the assigned work and for ensuring the submission of all completed assignment necessary for evaluation.
- 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.
- It is my responsibility to provide any needed transportation for my sons or daughters scheduled meetings and other travel covered by this agreement.
- I have the right to appeal to the school administrator any decisions about my sons or daughter's placement or school program according to the Cucamonga School District's procedures.
- Short-term ISP cannot exceed 15 days or will be withdrawn from school.

Parent/ Guardian's signature: _____

CUCAMONGA SCHOOL DISTRICT
INDEPENDENT STUDY RECORD OF TIME WORKED

Student: _____ Date Started: _____

Supervisor: _____ Date Completed: _____

TIME REQUIREMENT: 240 MINUTES PER DAY MINIMUM

SAMPLE: RECORD OF TIME WORKED

<u>Subject</u>	<u>Date</u>	<u>Day</u>	<u>Time Started</u>	<u>Time Completed</u>	<u>Total Time</u>
Science	10/07/18	Tues.	4:00 P.M.	5:30 P.M.	1 Hr. 30 min.

SUBJECT	DATE	DAY	TIME STARTED	TIME COMPLETED	TOTAL TIME

Signature of Parent/Guardian: _____ Signature of Student: _____

Students Name: _____

Grade: _____

CERTIFICATION

SUBJECT	GRADE	CREDITS EARNED	TEACHERS INITIALS	DATE

Supervising teacher signature: _____ Date recorded: _____

Principal/Designee: _____ Date recorded: _____

Independent Study Attendance Credit Report

School Month: _____

DATES	MON.	TUES.	WED.	THURS.	FRI.	MON.	TUES.	WED.	THURS.	FRI.
Attendance: (Record complete days of attendance credit only)										
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Attendance: (Record complete days of attendance credit only)										

School Month: _____

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Attendance: (Record complete days of attendance credit only)										

Total Days of Apportionment: _____