

SAN MARCOS UNIFIED SCHOOL DISTRICT
SHORT TERM INDEPENDENT STUDY AGREEMENT - SECONDARY

Student Name: _____ School: _____ Grade: ____ Age: ____ Date of Birth: _____

Address: _____ Student ID: _____

Parent/Guardian Name: _____ Phone Number: _____

Duration of Contract: From: _____ To: _____ Number of Days: _____

Objectives: These subject areas will be attempted during the length of this agreement. All course objectives will be consistent with the guidelines established in the District course curriculum guide. The Independent Study Work Assignment & Evaluation contains additional descriptions of student's objectives and evaluation.

Teacher Name	Subject	Resources	Teacher Signature	Date
		Textbooks, Workbooks, Worksheets, Google Classroom and/or Chromebooks		

Submission of Assignments: Electronic/Hard Copy **Frequency:** One week after the end of this master agreement

Day: End of Day **Location:** In person, e-mail, or academic platform

Reporting Academic Progress: We understand that teachers are required to report and communicate the student's academic progress as scheduled below:

Manner of Reporting: E-mail or Academic platform **Frequency:** 2-4 weeks after the end of this master agreement

Day: 2-4 weeks after the end of this master agreement **Time:** End of Day **Location:** E-mail or Academic platform

Academic and Other Supports: Support will be provided to meet the academic or other needs of my student as noted below:

Need/Concern	Support/Resources Provided	Responsible Person(s)
Academic		
English Language Development		
Special Education Services/504 Plan		
Foster Youth/Unhoused Student		
Social/Emotional		

I UNDERSTAND THAT:

1. Independent Study is an optional educational alternative program in which I am enrolling voluntarily. A traditional classroom program is available to all students;
2. In the case of a student who is referred or assigned to any school class or program pursuant to Ed. Code 48915 or 48917, the agreement shall include the statement that instruction may be provided through Independent Study only if the student is offered the alternative of classroom instruction;
3. If I miss 3 assignments, I will be re-evaluated for the appropriateness of this program;
4. All work will be evaluated by a certificated employee for the quality and equivalent quantity of the time worked;
5. As stated in Board Policy # 6158, the maximum length of time to complete assignments is one week upon return to school for all grade levels and types of programs.

We have read the terms of this agreement and hereby agree to all the conditions set forth within.

SIGNATURES: _____
Student Date Parent/Guardian/Caregiver Date

SPED Only: _____
Case Manager Date IEP Date

SAN MARCOS UNIFIED SCHOOL DISTRICT
INDEPENDENT STUDY WORK ASSIGNMENT & EVALUATION

Subject:	Assignment/Objective: (List Format & Method)	Teacher Evaluation: (% Complete)

Teacher's Comments: _____

Google Classroom Access Code (if applicable): _____

ADA Days: _____

Certificated Employee Signature:

Date: _____