

Rocklin Unified School District

School: _____

Independent Study Contract Extension Request

Date: _____

To Whom It May Concern:

I am requesting an Independent Study Contract for my child _____,

(Student's Name)

in the _____ grade.

I am aware of the limitations on student's Independent Study days (K to 3rd – 5 days, 4th to 8th – 10 days, 9th to 12th – 15 days); with knowledge of these guidelines, I hereby request my child be allowed to be on an Independent Study Contract

for _____ days, beginning on _____ and ending on _____

(Total number of days)

(Date)

(Date)

for the following reason:

Sincerely,

(Parent/Guardian Name)

Email Address

Telephone

Reviewed: _____
Principal or Designee

Approved: _____
Deputy Superintendent
or Designee

Rocklin Unified School District Master Agreement for Independent Study

Student Name:		School:	Grade:	DOB:
Address (Street, City, State, and Zip):		Phone:	Supervising Teacher:	
Duration of Agreement:	Beginning Date:	Ending Date:	Program Placement: Independent Study	

Subject:	Course Value:	Subject:	Course Value:

Additional Classes: If the student satisfactorily completes all of the above subjects/courses before the ending date of the agreement, one or more subjects/courses may be added to the agreement if the agreement is re-signed and re-dated by the supervising teacher and the student.

SCHOOL RESPONSIBILITIES:

- This Master Agreement is in effect for the (circle one) **Fall/Spring** semester of the _____ school year.
- The major objective for the duration of this Agreement is to enable the student to keep current with **Grade** ____ 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 *Student Work Assignment Record* that will be a part of this Agreement.
- According to District Board Policy and Administrative Regulation #6158 no more than the following consecutive school days may elapse between when an assignment is made by the teacher and the date it is due, unless an exception is made by the Deputy Superintendent.
 - K-3 students 5 consecutive school days
 - 4-8 students 10 consecutive school days
 - 9-12 students 15 consecutive school days
- **For Short Term Independent study assigned work is due on the first school day following the ending date of this agreement. If the student returns to school prior to the "End Date" indicated in this agreement, the assigned work is due immediately upon return.**
- The Deputy Superintendent will also review requests for Short Term Independent Study which exceeds the district policy guidelines stated above. The site office staff shall have the parent/guardian complete an Independent Study Contract Extension Request form, seeking approval for the extended time (this form is to be completed in addition to the Master Agreement).
- The district will provide the teacher services, instructional materials, and other necessary resources as specified for each assignment.
- The student will complete, during the term of this Agreement, the course work listed on the *Student Work Assignment Record*. All course work will be consistent with RUSD adopted curriculum. The *Student Work Assignment Record* will specify the course descriptions and/or objectives, study methods, evaluation methods, and resources covered by this Agreement. The student's work will be evaluated by the method specified in the *Student Work Assignment Record*.
- Independent Study is a voluntary educational option in which no student may be required to participate; a classroom option is always available. In the case of a student who is referred or assigned pursuant to Education Code 48915 or 48917, an alternative classroom option has been offered and is available.

STUDENT RESPONSIBILITIES:

I understand that:

- Independent Study is a form of education that I have voluntarily chosen and I will continuously have a classroom option available to me should I choose to no longer participate in Independent Study.
- I am entitled to textbooks and supplies, supervision by a certificated teacher, and services/resources received by other students enrolled in my grade.
- I have the same rights as other students in my grade.
- I must follow the discipline code and behavior guidelines of the school, in accordance with district policy.
- *Long Term Independent Study Only:* If I do not complete **3** consecutive assignments, my incomplete work will result in an evaluation to determine if I should remain in Independent Study or be immediately returned to a classroom.

I agree to:

- Meet with or report to the teacher regularly, in accordance with the frequency, date, time, and location specified in the *Student Work Assignment Record*.
- Be supervised by and meet regularly with the assigned Independent Study teacher and/or approved resource personnel responsible for my educational studies as outlined in this Agreement.
- Complete my assigned work by the due date specified, as explained by the teacher(s) and described in the *Student Work Assignment Record* (assigned work is due within one school day after the "Ending Date" of this Agreement, as specified above, OR upon the date of early return, if return to school prior to the "Ending Date" indicated in this Agreement).

PARENT/GUARDIAN/CAREGIVER RESPONSIBILITIES:

I understand that Independent Study is an alternative educational option for my student that I have voluntarily requested; I agree to the conditions listed under "Student Responsibilities." I also understand that:

- Learning objectives are consistent with and evaluated in the same manner as if my student were enrolled in a traditional school program at his/her current school.
- If my student has an individualized educational program (IEP), the IEP must specifically provide for his/her enrollment in Independent Study.
- The Supervising Teacher who signs this Agreement will meet with and/or confer with teachers who work with my student as specified in this Agreement. The purpose is to direct the student's study and measure progress toward the objectives in this Agreement.
- It is my responsibility to promptly reschedule any appointment missed because of any emergency. Failure to do so could result in a discontinuation of this Independent Study Agreement.(RIS only)
- I am responsible for supervising my student while he/she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation by the Due Date specified on the *Student Work Assignment Record*.
- I am liable for the cost of replacement or repair for damaged books and other school property checked out to my student.
- It is my responsibility to provide any needed transportation for my student's scheduled meetings and any other travel covered by this Agreement.
- I have the right to appeal to the Principal/Designee any decision regarding my student's placement or school program in accordance with the Rocklin Unified School District's policies and procedures.

AGREEMENT: We have reviewed and understand the terms of this Agreement, including the *Student Work Assignment Record*, and hereby agree to all conditions set forth within.

Student Signature	Date
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Parent/Guardian Signature	Date
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Independent Study Assigned Supervising Teacher Signature	Date
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Other: (IS Coordinator, Special Ed. Teacher, etc.) RUSD-ES-9000 (2/25/15)	Date
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Rocklin Unified School District

Short Term Independent Study Student Work Assignment Record

SECTION 1: Student Data, Assignment Planning, Evaluation Method

Student Name _____	Grade _____	School _____
Supervising Teacher: _____	Date of Assignment: _____	Due Date: _____

WORK ASSIGNMENT SCHEDULE: The student shall submit assignments to the assigned teacher for evaluation according to the following schedule (describe):

Frequency _____ Time: _____ Place: _____ Manner: _____

CURRICULUM OBJECTIVES: The student will be provided the classroom resources of school district personnel, curriculum, textbooks, supplementary materials and community resources that are available to all other students. If specialized materials are required beyond the regular classroom curricular materials, they shall be specified below:

Study Method: Read Answer question(s) Worksheet(s) Quizzes/test(s) other: (must specify)

Evaluation Method: Written test Oral presentation Minimum performance of 70% other: (must specify)

SECTION 2: Assignments

Name of Subject or Description of Assignment	Assignments		Name of Subject or Description of Assignment	Assignments	
	Given	Completed		Given	Completed
Totals:			Totals:		

I HAVE READ THE TERMS OF THIS AGREEMENT AND HEREBY AGREE TO ALL THE CONDITIONS SET FORTH WITHIN.

Student _____ Date ___/___/___ Parent/Guardian _____ Date ___/___/___

Supervising Teacher _____ Date ___/___/___

To be completed by Supervising Teacher upon Students return

SECTION 3: Attendance Credit Report

# of School Days Gone	# of Attendance Days Earned

CERTIFICATION OF EVALUATION OF SUPERVISING TEACHER: My signature below indicates that I, the assigned Supervising Teacher, have personally evaluated the student's work, or that I have personally reviewed the evaluations made by other certificated teachers.

Signature of Supervising Teacher _____ **Date** ___/___/___