

## 7-12 Short-Term Independent Study Agreement

## About Short-Term Independent Study

Short-Term Independent Study affords students the opportunity to continue their education while away from school for a short-term period of time (no more than 20 days). Participation in independent study shall be agreed upon by **both** the parent or guardian and the school (mutually voluntary). Independent study does not replace the learning experiences in classrooms and is in no way equal to the instructional experience in the classroom. As such, the continuity of learning topics between independent study assignments and the in-person classes cannot be guaranteed, as a teacher may adapt instruction based on class needs. Please note that the school reserves the right to deny short-term independent study requests at any time.

Short-term independent study contracts must be requested a minimum of **five school days** prior to the start date. The duration of the agreement must be a minimum of **5 school days** and a maximum of **20 school days**. For the duration of this agreement, the parent agrees the student must maintain a minimum daily study schedule per day: **240 minutes per day for grades 7-12.** Contracts must be completed and signed prior to the first day of the short-term independent study period, and must be signed in-person. The agreement shall not exceed 90 school days from the initial date the agreements was signed below.

Any assignments given while this agreement is in effect shall be due on the day after the independent study contract ends, and no later than 20 school days from the date the assignment was given. If special accommodations are needed to achieve the learning objectives, please contact your child's teacher or school administrator. For students with an IEP or 504 plan, a meeting is required to discuss the applicability of a short-term independent study contract and must occur prior to the initiation of a short-term contract.

Student and Parent Infor	mation		
Student Name: Date of Birth:	School: Permanent ID:	Grade:	
Parent Name(s):	Contact Phone Numb	er(s):	
Short-Term Independent	Study Contract Duration		
Duration: This agreement wil	l be in effect from:		

Duration: This agreement will be in effect from:

First Day of Independent Study:

Last Day of Independent Study:

Total Number of School Days:

Final Due Date for Assignments (first school day after the contract ends):

**Meeting Schedule:** Below is the teacher contact schedule and method during the independent study dates (contact method can be in-person meetings, phone calls, or electronic method).

Day/Date of Contact	Contact Method	Teacher Signature
	Personal Meeting	
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Learning Objectives, Activities and Evaluation Method(s)			
	-	structional planne	r) resentation
Teacher's Signatures	and Final Grades		
work is teacher-evaluated been completed. A repres	d. The supervising teacher sentative sample of work	r's final dated sign completed is to be	dates. Final grades are assigned after the student nature below verifies that all assigned work has e attached to this completed agreement for record- tive sample of student work.
Period	Subject	Final Grade	<b>Teacher's Signature and Date</b> (After Issuing final grade)
0			
1			
2			
3			
4			
5			
6			
7			
8			
Final Comments:	1	1	1

Time Value of Work Completed (out of 100%):

## **W** IRVINE UNIFIED SCHOOL DISTRICT

Acknowledgements			
Please see the attached documents for the learning objectives, activities, and learning resources for each subject. Acknowledgement: We have read the terms of this agreement and agree to all the conditions set forth:			
Student Signature	Date:		
Parent Signature	Date:		
Administrator Signature	Date:		

7-12 Short-Term Independent Study Agreement - Instructional Plan				
Period	Subject	Learning Objectives, Materials and/or Resources	<b>Teacher Signature</b> (Before Contract Begins)	
0				
1				
2				
3				
4				
5				
6				
7				



8		
Other No	tes•	

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