

Silver Valley Unified School District

TVV	High Scho	ol Master Agre	eement for Indepen	dent Study	
Name:		Student Num	ber:	Grade:	
Address:			Age:	Birth date:	
City:		ZIP Code:		Phone: ()	-
Location(s)		Social Securi	ty Number:		
Duration:		Entry date:		Exit date:	
Agreement: We Signatures: Student:	have read both sid	es of this agreeme	ent and hereby agree to	p all the conditions set for Date:	th within.
Student.				Date.	
Parent/Guardian/C	'aregiver:			Date:	
Teacher: Date:					
Program Administrator: Date:					
Other:				Date:	
 The purpos assignments According to may elapse exception is The Silver to other necess The student 	e of the agreement is identified in the act of district policy for between the date as made in accordance. Walley Unified Schary items and resonagrees to meet wi	ement and the man is to enable the season and very independent stranger and assignment is in the with district period District will purces as specified the or report to the	ethods for evaluating s tudent to successfully: Work-Record Forms the ady in grades nine through the teacher and olicy. provide the teacher ser d for each assignment	the major objectives and actudent work. It is understant the objectives and at will be part of this agree ugh twelve, no more than d the date it is due, unless vices, instructional mater accordance with the frequent work-Record Form.	cood that: complete the element. 2 weeks s an
Subject	Co	urse value	Subject	Course	value
Certification of comp			Credits earned		Date
Total credits:	Date records	ed:	Teacher's signatu	re:	

Student:

I understand that:

- Independent study is an optional educational alternative that I have voluntarily selected. If I am a student who was suspended or expelled, I was offered the alternatives of classroom instruction and independent study, and I chose independent study.
- By entering Silver Valley High School independent study I have not waived any rights as a student, and I am entitled to all Silver Valley Unified School District services and resources.
- If I am a student with an individualized education program (IEP), my IEP must specifically provide for my
 enrollment in independent study.
- I must follow all the discipline code and behavior guidelines of the Silver Valley Unified School District.
 Any violation of these guidelines or failure to meet school/district requirements could result in dismissal from Silver Valley High School.
- Visitation on any other school campus requires permission from that school.
- If I achieve only minimum study requirements, I will complete the equivalent of only one semester course a month, or a minimum of 25 credits a semester. A regular high school program is 30 credits a semester.

I agree to:

- Be supervised by my teacher and/or other approved resource personnel.
- Meet regularly with the assigned staff member. I understand that failure to complete assignments will
 result in an evaluation to determine if I should remain in independent study and may also result in one or
 more of the following:
 - 1. A letter of concern to me and my parent, guardian, or caregiver, if appropriate
 - 2. A specially scheduled appointment
 - 3. A special meeting with the teacher and/or counselor
 - 4. A meeting with the administrator, including my parent, guardian, or caregiver, if appropriate
 - 5. Placement on probation
 - 6. Increase in the amount of time I must be on campus or in an equivalent supervised situation
 - 7. Revocation of any work permit issued until my school work is satisfactorily completed
 - 8. Termination of agreement and my return to a regular classroom program of instruction or other appropriate alternative
- Obtain transportation to scheduled meetings. I understand that lack of transportation to the school site is not
 an acceptable reason for failing to meet with my teacher and/or supervisor to submit my completed
 assignments.
- Complete my assigned work and achieve at least the minimum performance requirements of the course of study. I understand that credit, which is based on mastery of learning, can only be issued after I have successfully completed an activity and it has been evaluated. I realize that a minimum of ____ hours of work is needed for each unit of credit

Student's signature:	
ardian/Caregiver: I understand that the ma	ior objective of independent study is to provide a volum

Parent/Guardian/Caregiver: I understand that the major objective of independent study is to provide a voluntary educational alternative for my son or daughter. I understand the conditions listed above under "Student." I also understand that:

- 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.
- 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.
- Unless otherwise indicated, a teacher 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 supervisor in consultation with my son or daughter.
- I have the right to appeal to the school administrator any decision about my child's placement or school program, or transfer according to the school district's procedures.

Parent's/Guardian's/Caregiver's signature:	