

# Silver Valley Unified School District Middle School Master Agreement for Independent Study

Name:	Student Numbe	1	Grade:		
Address:	Ag		Birth date:		
City:	ZIP Code:	,0,	Phone: ( )	30 30 30 30 30 30 30 30 30 30 30 30 30 3	
Location(s)	Social Security	Number:	1 101101		
Duration:	Entry date:		Exit date:		
Agreement: We have read both side	es of this agreement	and hereby agree to	all the conditions	set forth within.	
Signatures: Student:			Date		
Parent/Guardian/Caregiver:	<del></del>		Date		
Teacher:			Date	i.	
Program Administrator:		30 980 3	Date		
Other:			Date	3	
The student will complete the courses of School District course descriptions. All Assignment and Work-Record Forms of the course of study covered by the agreement assignments identified in the According to district policy for elapse between the date an assignment in accordance with district of the Silver Valley Unified Schoother necessary items and rescond time, and location specified in	I course objectives will include addition the method is to enable the study assignment and Work independent study signment is made by the policy.  I cool District will propures as specified for the or report to the teat.	will be consistent with all descriptions of the ods for evaluating statement to successfully record Forms that in grades four through the teacher and the wide the teacher server each assignment acher regularly, in acceptable of the server each assignment and the server each assignment acher regularly, in acceptable of the server each assignment.	th the established a major objectives rudent work. It is reach the objective at will be part of the reach the it is due, unlead to the content of the reach the objective at will be part of the reach the objective at will be part of the reach the objective at will be part of the reach the reach the objective at will be part of the reach the reach the objective at which the reach the objective at will be part of the reach the reach the reach the reach the objective at will be part of the reach the reach the reach the objective at will be part of the reach the reach the objective at will be part of the reach the	district guidelines. s and activities of understood that: es and complete the his agreement. than 2 weeks may ess an exception is  I materials, and e frequency, date,	
Subject		Subject			
J 2005					
Certification of completed course work Subject	Grade	Teacher's	s initials	Date	
Date recorded:	Teacher's	s signature:			

#### Student:

#### I understand that:

- Independent study is a form of education that I have chosen. 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.
- I am entitled to textbooks, a teacher, ad all school district services and resources.\I must follow the discipline code and behavior guidelines of the school district
- I have the same rights as any student of the school district.

### I agree to:

- Be supervised by and meet regularly with my teacher. The frequency, date, time and location will be determined by my work assignments. I realize that it is my responsibility to promptly reschedule any appointment I miss because of an emergency. I understand that if I do not give evidence of tow completed assignments, my agreement
- Complete my assigned work and achieve at least the minimum performance requirements of the course of study.

Student's signature:				
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## 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 understand that:

- Learning objectives are consistent with and evaluated in the same manner that they would be if my child 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.
- Unless otherwise indicated, a teacher will meet with my son or daughter and me 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 me and my son or daughter.
- I am responsible for supervising my child while he or she is completing the assigned work and for submitting all completed assignments necessary for evaluation.
- To ensure that my child's independent study is consistent with traditional schooling, I need to encourage him or her to meet more than he minimum study requirements.
- I am liable for the cost of replacement of repair of damaged or lost books and other materials that are checked out to my son or daughter.
- It is my responsibility to provide any needed transportation to the school site for my child.
- I have the right to appeal to the school administrator any decision about my child's placement or school program in accordance with the school district's procedures.

Parent's/Guardian's/C	aregiver's	signature:			