



# Long Beach Unified School District

## Middle/High School Master Agreement for Independent Study

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Duration: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_

Agreement: We have read both sides of this agreement and hereby agree to all conditions set forth within.

Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_

Program Administrator \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_

**Objective:** The student will complete the courses listed below during the semester as they are outlined in the Long Beach Unified School District course descriptions. All course objectives will be consistent with district guidelines. Assignment and Work-Record Forms will include additional descriptions of the major objectives and activities of the course of study covered by the agreement and the methods for evaluation student work. It is understood that:

- The purpose of this agreement is to enable the student to successfully reach the objectives and complete the assignments identified in the Assignment and Work-Record Forms that will be part of this agreement.
- According to district policy for independent study, no more than one week shall elapse between the date an assignment is made by the teacher and the date it is due, unless an exception is made in accordance with district policy.
- The Long Beach Unified School District will provide teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- The student agrees to meet with or report to the teacher regularly, in accordance with the frequency, date, time, and location specified in the Assignment and Work-Record form

Subject	Course Value	Subject	Course Value

### Certification of completed course work

Subject	Course code	Grade	Credits earned	Teacher's Initials	Date

Total Credits \_\_\_\_ Date recorded \_\_\_\_\_ Teacher's signature \_\_\_\_\_

## Middle/High School Master Agreement (*Continued*)

### 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 \_\_\_\_\_ MS/HS I have not waived any rights as a student, and I am entitled to all Long Beach 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 Long Beach Unified School District.
- Any violation of these guidelines or failure to meet school/district requirements could result in dismissal from \_\_\_\_\_ MS/HS.
- Visitation on any other school campus requires permission of the school.

#### *I agree to:*

- Be supervised by \_\_\_\_\_ and/or other approved resource personnel.
- Meet regularly with the assigned staff member. I understand that failure to complete three assignments will result in an evaluation to determine if I should remain in independent study and may also result in one 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 the agreement and my return to a regular classroom program of instruction or appropriate alternative.
- Meet weekly with the Outside Work Experience (OWE) Coordinator if I am enrolled in work experience.
- 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 of 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.

Student's signature \_\_\_\_\_

### Parent/Guardian/Caregiver:

*I understand that the major objective of independent study is to provide a voluntary educational alternative for my child.*

I agree to the above conditions listed under "**Student**" I also understand that:

- Individual course objectives are consistent with and evaluated in the same manner that they would be if s/he 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 child.
- Unless otherwise indicated, a teacher or supervisor will meet with my child on a regular basis to direct and measure progress. The time and location of the meetings with the teacher or supervisor will be determined by the teacher or the supervisor in consultation with my child.
- I am expected to encourage him/her to do more than the minimum study requirements.
- I have the right to appeal any decision about my child's placement, school program, or transfer according to the school district's procedure.

Parent's/Guardian's/Caregiver's signature \_\_\_\_\_



# Long Beach Unified School District

## Middle/High School Assignment and Work-Record Form

Name	Subject
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Objective (Short term): \_\_\_\_\_ Start date \_\_\_\_\_

\_\_\_\_\_ Due date \_\_\_\_\_

Study methods: \_\_\_\_\_

Resources: \_\_\_\_\_

Evaluation method: \_\_\_\_\_

Teacher's signature \_\_\_\_\_ Student's signature \_\_\_\_\_

Teacher comments/grade: \_\_\_\_\_

Attendance credit: \_\_\_\_\_

Objective (Short term): \_\_\_\_\_ Start date \_\_\_\_\_

\_\_\_\_\_ Due date \_\_\_\_\_

Study methods: \_\_\_\_\_

Resources: \_\_\_\_\_

Evaluation method: \_\_\_\_\_

Teacher's signature \_\_\_\_\_ Student's signature \_\_\_\_\_

Teacher comments/grade: \_\_\_\_\_

Attendance credit: \_\_\_\_\_