



Master Agreement for Independent Study - _____ ES

Name: _____ SID: _____

Address: _____ Age: _____ Birth date: _____

City: _____ Zip Code: _____ Telephone: _____

Duration: _____ Entry Date: _____ Exit Date: _____

Objective:

- 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 Assignment and Work Record Form(s) that will be a part of this agreement. With the support of the parent, guardian, or caregiver the student will submit assignments on or before their due date.
- According to district policy for independent study in grades K-5, no more than one week may 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 the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- The student will complete the studies listed below during the term of the agreement as they are outlined in the Long Beach Unified School District curriculum.
- Other (list studies here): _____

We agree on regular reports on the student's work, as follows:

The student's work will be evaluated by the method specified in the Assignment and Work Record Form.

Frequency: _____ Time: _____ Place: _____ Manner: _____

AGREEMENT: We have read pages 1 and 2 of this agreement and hereby agree to all conditions set forth within.

Student _____ Date _____

Parent/Guardian/Caregiver _____ Date _____

Teacher _____ Date _____

Other _____ Date _____

Principal _____ Date _____

CERTIFICATION

Date received: _____ Supervising teacher's signature: _____

Elementary School Master Agreement (Continued)

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 and supplies, supervision by my teacher, and all the services and resources received by other children enrolled in my grade at _____ School.
- I have the same rights as other students in my grade at _____ School.
- I must follow all the discipline code and behavior guidelines of the Long Beach Unified School District.
- If I do not complete three assignments, my incomplete work will result in a review of my agreement and I may not be allowed to continue in Independent Study.

I agree to:

- Be supervised by and meet regularly with my teacher, as specified on page 1.
- Complete my assigned work by its due date, as explained by my teacher and described in my written assignments.

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:

- Learning objectives are consistent with and evaluated in the same manner that they would be if s/he 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.
- 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, the supervising teacher who signs this agreement or will meet with my child on a regular basis as specified on page 1 to direct the child's study and measure progress toward the objectives in this agreement. It is my responsibility to promptly reschedule any appointments missed because of an emergency.
- It is my responsibility to provide any needed transportation for my child's scheduled meetings and any other travel covered by this agreement.
- 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

Elementary School Assignment and Work-Record Form

Name _____	Subject _____
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Objective (Short term): _____ Start date _____

Study methods: _____

Resources: _____

Evaluation method: _____

Teacher's signature _____ Student's signature _____

Teacher comments/grade: _____

Days submitted _____ Days accepted _____

Objective (Short term): _____ Start date _____

Study methods: _____

Resources: _____

Evaluation method: _____

Teacher's signature _____ Student's signature _____

Teacher comments/grade: _____

Days submitted _____ Days accepted _____