

School Address Phone & FAX

CULVER CITY UNIFIED SCHOOL DISTRICT

INDEPENDENT STUDY AGREEMENT-Elementary School

(For absences of five days or more)

Student ID # _____

Name of Student _____ Date of Birth _____

Name of Parent/Guardian _____ Home Phone No. _____

Home Address _____

Teacher _____ Grade _____ School _____

Is this student enrolled in any special education program? YES ___ NO ___

Time Period In Independent Study

Start Date: _____

Date Returning to School (and date assignments are due): _____

Total number of school days: _____

Reason for Absence: _____

STUDENT OR TEACHER PARTICIPATION IN INDEPENDENT STUDY IS VOLUNTARY

For School Use Only:

VERIFICATION OF COMPLETED INDEPENDENT STUDY AGREEMENT

Method of Evaluation

Assignments Completed _____ Written Report _____ Oral Report _____

Written Test _____ Performance Test _____ Other _____

Outstanding _____ Satisfactory _____ Unsatisfactory _____

Total Days' Credit _____ of _____

Teacher Signature _____ Date _____

Independent Study Assignments, Activities, and Materials

The student will complete the following objectives and activities using the specified materials: (May attach assignments if necessary.)

*ASSIGNMENTS MUST BE COMPLETED BY THE STUDENT AND RETURNED TO THE TEACHER ON THE "DATE RETURNING TO SCHOOL." I UNDERSTAND THAT IF MY CHILD RETURNS EARLIER OR LATER THAN THIS DATE, ATTENDANCE WILL NOT BE GIVEN FOR THIS ABSENCE.

Parent Initial _____

*I UNDERSTAND THAT PARTICIPATION IN INDEPENDENT STUDY DOES NOT AUTOMATICALLY GUARANTEE THAT MY CHILD WILL RETURN TO THE SAME TEACHER.

Parent Initial _____

Signatures of Agreement

I have read the terms of this agreement and voluntarily agree to all conditions set forth within. (Must be signed and dated prior to start of absence.)

Student: _____ Date: _____

Parent: _____ Date: _____

Teacher: _____ Date: _____

Administrator: _____ Date: _____