



San Jacinto Valley Academy
INDEPENDENT STUDY CONTRACT
(Secondary)

Contacts: High School jmoore@sjacademy.org

School Phone Number
951-654-6113

Middle School panady@sjacademy.org

***If you are going to be absent for more than 3 days, please contact office 2 weeks in advance. All contracts are due daily by 1:30 pm. Please use black or blue ink only.**

Name: _____ Age _____ Birth Date: _____ Grade: _____

Address: _____ City _____ Zip: _____ Phone _____

Duration of Agreement: _____ Beginning Date: _____ Ending Date: _____

School Responsibilities:

- This master agreement is in effect for the _____ semester of the _____ school year.
- The major objective for the duration of this agreement is to enable the child to keep current with _____ grade studies for the period covered by this agreement.
- This agreement is to enable the child 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 child will submit assignments on or before the due date specified in the Assignment and Work-Record Form(s).
- For Independent Study in grades _____, no more than _____ weeks or _____ school days may elapse between when an assignment is made by the teacher and the date it is due unless an exception is made in accordance to Ed Code 51747.
- San Jacinto Valley Academy will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- The child will complete, during the term of this agreement, the course work listed below. All course work will be consistent with San Jacinto Valley Academy adopted curriculum. The Assignment and Work-Record Form(s) include the course descriptions, objectives, study methods, evaluation methods, and resources covered by this agreement.
- Independent Study is a voluntary optional alternative in which no pupil may be required to participate; a classroom option will always be available to the child. In the case of a pupil who is referred or assigned pursuant to Education Code 48915 or 48917, an alternative classroom has been offered and is available at all times at the school specified above.
- The child's work will be evaluated by the method specified in the Assignment and Work-Record Form(s).
- The child 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(s).

Student Responsibilities:

I understand that:

- Independent Study is a form of education that I have voluntarily chosen and I will continuously have a classroom option available to me should I choose to no longer participate in Independent Study.
- I am entitled to textbooks and supplies, supervision by a certificated teacher, and all the services and resources received by other children enrolled in my grade.
- I have the same rights as other students in my grade at my current school.
- I must follow the discipline code and behavior guidelines of the school, in accordance with school policy.
- If I do not complete _____ consecutive assignments, my incomplete work will result in an evaluation to determine if I should remain in independent study or be immediately returned to a classroom at my last school of enrollment.

I agree to:

- Be supervised by and meet regularly with the assigned Independent Study teacher and/or approved resource personnel responsible for my educational studies as outlined on page one of this agreement.
- Complete my assigned work by its due date, as explained by my teacher or teachers and described in my written assignments.

Parent/Guardian/Caregiver Responsibilities:

- I understand that Independent Study is an optional educational alternative for my child that I have voluntarily selected. I agree to the conditions listed under "Student." I also 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 at his/her current school.
- If my child has an individualized educational program (IEP), the IEP must specifically provide for his or her enrollment in Independent study.
- Unless otherwise indicated, the supervising teacher who signs this agreement will meet with my child on a regular basis as specified on page one of this agreement. The purpose is to direct the child's study and measure progress toward the objectives in this agreement. It is my responsibility to promptly reschedule any appointment missed because of any emergency.
- I am responsible for supervising my child while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation by due date.
- I am liable for the cost of replacement or repair for willfully damaged books and other school property checked out to my child.
- 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 to the school administrator any decision about my child's placement or school program in accordance with the San Jacinto Valley Academy's policies and procedures.

AGREEMENT:

We have read this agreement, including the Assignment and Work Record form(s) and hereby agree to all the conditions set forth within.

Student _____ Date _____
 Parent/Guardian/Caregiver _____ Date _____
 Independent Study Supervising Teacher _____ Date _____
 Teacher(s) Signature(s) & Date: _____



San Jacinto Valley Academy
STUDENT WORK ASSIGNMENT RECORD #1

Student/Child Name: _____ School: _____

Date Given: _____ Date Due: _____

Course Title: _____ Course Number: _____

Assignment Start Date: ____ / ____ / ____ Assignment Due Date: ____ / ____ / ____

I HAVE READ THE TERMS OF THIS AGREEMENT AND HEREBY AGREE TO ALL THE CONDITIONS SET FORTH WITHIN.

Student _____ Date _____

The following section is to be completed by the assigned teacher(s) after pupil completes assignments.

TEACHER NAME	SUBJECT	TEACHER SIGNATURE	DATE	GRADE	DATE COMPLETED	INITIAL

SUPERVISING TEACHER'S EVALUATION/CERTIFICATION:

My signature below indicates that I, the assigned supervising teacher, have personally evaluated the student's work, or I have personally reviewed the evaluations made by other certificated teachers.

Actual Days Absence From _____ to _____ Date Assignment Evaluated _____

Total Number of Independent Study Days Possible	
Total Number of Independent Study Days Not Credited	
Total Number of Independent Study Days Credited	

Supervising Teacher Signature: _____ Date: _____

*Make up (academic) if applicable _____