

INDEPENDENT STUDY

Request for Full-Time Independent Study

Northern Humboldt Union High School District

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

Reason for requesting Independent Study (if expelled please attach description of incident):

\_\_\_\_\_

I.S. Coordinator requested to contact site administrator

Date dropped from regular AHS/MHS/SRCHS/PCoast/Tsurai (circle one) Classes: \_\_\_/\_\_\_/\_\_\_

\*\*\*All Independent Study courses meet district graduation requirements.

Some Independent Study courses do not meet CSU or UC requirements\*\*\*

Recommended course enrollment for student by counselor:

Course and ID #	Credits Needed	Need A-G Yes or No	Course and ID #	Credits Needed	Need A-G Yes or No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Before enrollment in I.S. the following must be attached to application:

Transcripts	Withdrawal/Drop Grades
Current Schedule	Credit Analysis
IEP/504 Plan yes/no (attach if yes)	Special Ed. Case Carrier: _____

**INDEPENDENT STUDY**

Northern Humboldt Union High School District

**Short Term Independent Study Agreement**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School Enrolled: \_\_\_\_\_ Program Placement: \_\_\_\_\_

Duration of Agreement: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

The reason for absence: \_\_\_\_\_

We understand that:

- Independent study is an optional educational alternative in which no student is required to participate.
- The period of this agreement for short term independent study shall not exceed 3 weeks. If a longer time period is necessary a new agreement must be completed.
- All requests must be approved in advance by the Principal (or principal’s designee) and Supervising Teacher.
- All of the student’s classroom teachers will supply assignments consistent with the school curriculum.
- All work assigned is to be completed, and submitted to the Supervising Teacher on the first day of school following absence period. All work must be original. *Photo copied work is submitted to the teacher.*
- If the work is not completed, not turned in upon return to school or not original work, the period of time will be considered an “unexcused absence”.
- The parents/guardian have sole responsibility for their child and his/her welfare during this period of time.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Principal’s Designee)

INDEPENDENT STUDY

*Independent Study - Master Agreement*  
Northern Humboldt Union High School District

Student Name:	Grade:	Birth date:
Address:	City:	Zip Code:
Home Phone:	Cell phone:	Email:
Duration:	Beginning date:	Ending date

**CIRCLE ONE: FULL TIME I.S SHORT TERM I.S. (3 weeks or less) - complete status report 5 days in advance**  
**Objectives, Methods of Study, Methods of Evaluation, and Resources:** The student is to complete the courses listed below. Course objectives reflect the curriculum adopted by the district's governing board and are consistent with district standards, as outlined in the districts' course descriptions. The specific objectives, methods of study, and resources for each assignment covered by this agreement will be described in the course folders. Method of evaluation of student assignments are as follows: assignment review, student demonstrates skill/competency, written/online tests, written reports/essays, oral/written/online quizzes, discussion/oral/review, computer activities, and portfolio.

Box Below is Not Applicable for Short Term

Course and ID #	Units Attempt	Units Earned	Course and ID #	Units Attempt	Units Earned

**Reporting:** Students are required to report to their teacher weekly.  
Day \_\_\_\_\_ Time: \_\_\_\_\_ Location \_\_\_\_\_

**Assignments:** According to the district policy for grades 9 through 12, when a student fails to complete three consecutive independent study assignments during any period of 15 school days or misses any two appointments without valid reasons, an evaluation shall be conducted to determine whether the student should be allowed to continue in independent study.

**Voluntary Statement:** Independent study is an optional educational alternative that students voluntarily select. All students who choose independent study must be offered the alternative classroom instruction, and they must have the continuing option of returning to the classroom.

**Equitable Provision of Resources and Services:** Independent study option is to be substantially equivalent in quality to classroom instruction, and that students who choose to engage in independent study are to have equality of rights and privileges with students in the regular school program.

**Signatures and Dates:** I have read and understand the terms of this agreement, and agree to all the provisions set forth.

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

Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or designee: : \_\_\_\_\_ Date: \_\_\_\_\_