

INDEPENDENT STUDY

Master Agreement for Site-Based Independent Study
Site-Based Independent Study Contract (Elementary/Middle/High Schools)

Student Name: _____ School: _____ Student Number: _____

Address: _____ Age: _____ Birthday: ____/____/____ Grade _____

City & State: _____ ZIP Code: _____ Phone: _____

Duration: _____ Start Date: _____ End Date: _____

All assignments are due to the Site-based Independent Study Coordinator:

_____, by: Date: _____ Time: _____

Reason for request to participate in Site-Based Independent Study: _____

(Note: Due dates for assignments and progress report should not exceed one (1) week after the established end of contract.)

Objectives:

1. The major objective for this Site-Based Independent Study Contract is to enable the student to keep current with their class work and study units for the period of this contract.
2. The duration of the contract will be for a timeframe greater than 5 days, but not longer than 21 days. Students who need 4 or more weeks of independent study need to enroll in the Mt. Park District-based Independent Study Program.
3. The Contract is to enable the student to successfully reach the objectives and complete the assigned work identified by their grade/content level teacher(s), which will be completed during their time away from the school site. With the support of the parent/guardian/caregiver the student will submit assignments on or before their due date.
4. The Monrovia Unified School District, through the student's school site, will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.

I will follow the Site-Based Independent Study Contract/Plan as described in this agreement. I understand that upon satisfactory completion I will receive full credit for work completed while on the Contract.

Student Signature: _____ Date: _____

I approve of my son/daughter's participation in this Site-Based Independent Study Contract/Plan as described:

Parent/Guardian Signature: _____ Date: _____

Independent Study Coordinator Signature: _____ Date: _____

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 Plan Completed on: _____
 _____ Days ADA Attempted: _____ Days of ADA Earned: _____
 Ind. Study Cord. Signature: _____ Date: _____
 Principal Signature: _____ Date: _____