

**Summit Public High School Public High School Charter High School
Independent Study Agreement**

Name:	Grade:
First Day of Absence:	Last Day of Absence:

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. Responsibilities of the parties participating in Independent Study are described in Education Code Section 51747 and are summarized as follows:

School Responsibilities:

- As the Supervising Teacher, the **Principal** will complete the following prior to the student's departure from school:
 - Review the assignment and study plan for the student describing the major learning objectives, the study methods, and the method of evaluation of work.
 - Provide the materials/resources necessary to implement the plan.
- The **Principal** will complete the following upon the student's return to school:
 - Evaluate the work and the degree to which the specified objectives were met.
 - Determine the percentage of work completed and calculate the days of apportionment earned.
 - Select a representative sample of the student's work, date the sample and attach it to this contract.
- The school will save a copy of all Independent Study contracts and attendance documentation in the student's file.
- All course work will be consistent with the Summit Public High School Public High School curriculum.

Student Responsibilities:

I understand that:

- Independent Study is a form of education that I have voluntarily chosen.
- If I am a student with an individualized education program (IEP), my IEP must specifically provide for my enrollment 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 must follow the discipline code and behavior guidelines of SUMMIT PUBLIC HIGH SCHOOL PUBLIC HIGH SCHOOL.

I agree to:

- Be supervised by and meet regularly with the Principal 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. I understand that credit can only be issued after I have successfully completed an activity and it has been evaluated.

Parent / Guardian / Caregiver Responsibilities:

I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my son or daughter.

I agree to the above conditions as listed under "Student." I also understand that:

- Learning objectives are consistent with and evaluated in the same manner that they would be if my son or daughter were enrolled in a traditional school program.
- Unless otherwise indicated, the supervising teacher who signs this agreement will meet with my son or daughter on a regular basis to direct and measure progress. The time and location of meetings with the teacher or supervisor will be determined by the teacher or the supervisor in consultation with my child.
- I am responsible for supervising my son or daughter while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation by dates due.

Subjects and Assignments: Please see the attached "Independent Study Assignments and Study Plan" for full detail of the subjects and assignments.

Curriculum Objectives: The student will have the resources of school personnel, curriculum, textbooks, supplementary materials, and community resources that are available to all other students of the school. The following lists specific materials that are checked out for use during the term of this independent study agreement: _____

Method of Study: Student Reads__ Answers Questions__ Completes Worksheets__ Takes Quizzes or Tests__
Other _____

Methods of Evaluation : Completed work will be evaluated with the same expectations as the regular classroom program. The supervising teacher assesses the extent to which achievement of the student meets the objectives as specified and assigns credit.

Evaluation:	Credits to Be Earned	Actual Credits Earned	Makeup (Academic)
Assignment Completed			
Demonstration of Skills			
Written Test			
Oral Presentation			
Minimum Performance of 60%			
Other:			

Timeline: The student will be enrolled in Independent Study from (start date)_____ through (end date) _____.

Coursework: The student's coursework is to be turned in to the supervising teacher on the first day the student returns, and no credit will be given after one week from the date the contract is terminated, unless the supervising teacher determines that circumstances warrant an extension.) **All assigned work must be completed for full credit to be given and to achieve the objectives and assignments.**

SIGNATURES

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 Signature _____ **Date** _____

Parent/Guardian/Caregiver Signature _____ **Date** _____

Other Person Responsible _____ **Date** _____

Other Person Responsible _____ **Date** _____

Principal's Signature _____ **Date** _____

Independent Study Assignments and Study Plan

Name:	Grade:
First Day of Absence:	Last Day of Absence:

Planning:

The student is responsible for requesting work from each of his/her teachers **at least two weeks** in advance of the absence. The student should use this form to make the request. (Initial each request)

Course	Teacher	Received Request	Provided Assignment	Student Received Assignment

Follow through/completion:

The student is responsible for returning work on the first day or return and taking exams or completing assessments. It is the student's responsibility to schedule and do these things. The teacher will not be responsible for asking for work or telling a student he/she must take an exam. (Initial each phase)

Course	Teacher	Work Turned In	Assessments Completed

UPON STUDENT'S RETURN TO SCHOOL

ADA CREDIT RECORD

Dates										
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
ADA Credit										

Principal's Evaluation / Certification:

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

Principal's Signature

Date Evaluated

Summit Preparatory Charter High School

Independent Study Daily Educational Activity Record

Student Name _____ Grade _____ Supervising Teacher Deane
 Period of Independent Study: Start _____ End _____

Summit Public High School Public High School Charter High School recognizes that families may not evenly distribute student's work assignment over weekdays. However, due to strict State law requirements for charter school attendance, the Charter School expects each student to be engaged in an educational activity required of them in the assignments on each weekday that Summit Public High School Public High School Charter High School is in session, and asks that this "daily engagement" be documented on a daily basis in the student log by the parent/guardian. This should not be read to prohibit schoolwork on weekends and should not be read to dictate the manner in which a family distributes the assignments over the independent study period. Summit Public High School Public High School Charter High School asks that a parent/guardian refrain from documenting any "daily engagement" on a day where a student did not engage in any educational activity required of them by the assignments. By law, work done on weekends or other days when school is not in session cannot be used to "make-up" weekdays where no "daily engagement" occurred.

WEEK ONE

Parent/Guardian- Please fill in date and initial. Write in the description on line next to subjects in which student was engaged on each day.

Daily Engagement in Educational Activities Assigned by the School on Days the School is in Session Week One					
Subject	Mon __/__/__ Initials _____	Tues __/__/__ Initials _____	Wed. __/__/__ Initials _____	Thurs __/__/__ Initials _____	Fri __/__/__ Initials _____
English					
Social Studies					
Science					
Spanish					
Math					
Other					

WEEK TWO

Parent/Guardian- Please fill in date and initial. Write in the description on line next to subjects in which student was engaged on each day.

Daily Engagement in Educational Activities Assigned by the School on Days the School is in Session Week Two					
Subject	Mon __/__/__ Initials _____	Tues __/__/__ Initials _____	Wed. __/__/__ Initials _____	Thurs __/__/__ Initials _____	Fri __/__/__ Initials _____
English					
Social Studies					
Science					
Spanish					
Math					

Other					
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WEEK THREE

Parent/Guardian- Please fill in date and initial. Write in the description on line next to subjects in which student was engaged on each day.

Daily Engagement in Educational Activities Assigned by the School on Days the School is in Session Week Three					
Subject	Mon __/__/__ Initials _____	Tues __/__/__ Initials _____	Wed. __/__/__ Initials _____	Thurs __/__/__ Initials _____	Fri __/__/__ Initials _____
English					
Social Studies					
Science					
Spanish					
Math					
Other					

WEEK FOUR

Parent/Guardian- Please fill in date and initial. Write in the description on line next to subjects in which student was engaged on each day.

Daily Engagement in Educational Activities Assigned by the School on Days the School is in Session Week Four					
Subject	Mon __/__/__ Initials _____	Tues __/__/__ Initials _____	Wed. __/__/__ Initials _____	Thurs __/__/__ Initials _____	Fri __/__/__ Initials _____
English					
Social Studies					
Science					
Spanish					
Math					
Other					

1. I certify that my child was engaged in an educational activity required of him or her by Summit Public High School Public High School Charter High School on the days indicated by my initial or signature on this form.

Parent/Guardian Signature: _____ Date: _____

2. I certify as the teacher evaluating and/or coordinating the student's independent study assignments that I received this form from the parent/guardian on _____

Attendance Approved by Teacher: _____ (number of days)

Signature of Teacher: _____ Date: _____

Independent Study Process Overview Student Version

Planning:

___ Approach your teachers to request permission for independent study. With them, complete the Planning section of Independent Study Assignments and Study Plan. **This should be completed TWO weeks before your Independent Study begins.**

___ After all of your teachers have given you permission, return the Independent Study Assignments and Study Plan AND Independent Study Agreement Form to Mr. Johnson. Note that you and your parent need to sign the Independent Study Agreement Form.

Follow-up:

___ On the day of your return, turn in all assignments to your teachers. Ask each to sign the Follow-up section of the Independent Study Assignments and Study Plan. Give the plan AND a **copy of all of your completed assignments** to Mr. Johnson.

___ On the day of your return, schedule any exams or assessments.

