Independence School

High School Master Agreement Term 2

Student Name:_____ Age: _____ Grade:_____
Last First

Address: _____City: _____ Zip Code: _____

Phone: _____ _____ _____
Home Work Emergency

Duration: **TERM 2** **Beginning Date: 01/04/2021** **Ending Date: 06/10/2021**

Objectives, Methods of Study, Methods of Evaluation, and Resources: The student will complete the courses listed below during the semester as they are outlined in the Lodi Unified School District course descriptions. All course objectives will be consistent with the established district guidelines. The specific objectives, methods of study, methods of evaluation, and resources for each assignment covered by this agreement will be described in the course agreements which are part of this agreement. Any subsidiary agreement(s) are also part of this agreement.

Students need to spend as much time in the completion of schoolwork as required in the regular school of attendance if they expect to earn full credits per semester. The following subjects will be attempted while this Master Agreement is in effect:

Subject	Credits Attempted	Subject	Credits Attempted

Additional Classes: If the student satisfactory completes the above subject/courses before the ending date of the agreement, one or more subjects/courses may be added to the agreement if the agreement is re-signed and re-dated by the teacher and the student.

- I will meet with my teacher as follows: Day: M T W TH F (circle one)

Time: _____ Place of Reporting: Independence School Frequency: Weekly

Manner: Small group and one-on-one. Supervisory Teacher _____ Phone # _____

Assignments: According to the district policy for grades 9 through 12, the maximum length of time allowed between the assignment and the date the assignment is due is **two weeks** unless a prior exception is made in accordance with district school policy. After **two** missed classes/appointments or **three** missed or substandard assignments for this agreement, the student will be in violation of this agreement and evaluation will be made to determine if independent study is an appropriate strategy for this student.

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

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

Parent/Guardian Agreement

- I understand and accept all of the foregoing agreements made by this student.
- We have read all of the Master Agreement and will comply with all of the conditions set forth within.

_____1/4/2021_____ _____1/4/2021_____
Student Signature Date: Parent/Guardian Signature Date

_____1/4/2021_____ _____1/4/2021_____
Supervising Teacher Date Other (if applicable) Date

_____ _____
Other (if applicable) Date Other (if applicable) Date

Submit