

Pleasant Valley School District
SHORT-TERM INDEPENDENT STUDY REQUEST – ELEMENTARY

Student Name:		Date:
Grade:	Age:	Birthdate:
Reason for absence:		

We (I) have been informed about the advantages of regular school attendance for our (my) student. We (I) understand that Pleasant Valley School District strongly encourages us (me) to not take our (my) child out of school. We (I) acknowledge that absences may increase the risk of retention if our (my) child does not meet grade level standards and we (I) take responsibility for instructional gaps that may be caused by our (my) child missing instruction. We (I) are (am) requesting short-term independent study for our (my) child from _____ to _____. We (I) understand that incomplete work cannot be counted for credit and will result in our (my) student's absences being considered unexcused. We acknowledge we are financially responsible for any textbooks or devices issued.

At this time, your child is performing at the level indicated here (can be found in Parent Connect:

Language Arts

☐

Not met

☐

Nearly met

☐

Meets standard

☐

Exceeds standard

Mathematics

☐

Not met

☐

Nearly met

☐

Met standard

☐

Exceeds standard

Parent/Caregiver signature:

Date:

☐

Request for Independent Study is accepted.

☐

Request for Independent Study is denied.

☐

Parent/Caregiver request did not meet three-week notification requirement.

☐

Student is at risk of retention or not meeting grade level standards.

☐

Student did not complete work from a prior Independent Study contract.

☐

Other: _____

Principal signature:

Date: