

Folsom Cordova Unified School District
SHORT TERM INDEPENDENT STUDY K-8

Name _____ School _____ Grade _____

Address _____ Phone _____

Duration: **3 day minimum** BEGIN Date _____ END Date _____

Work Product is due to the school: _____ (Teachers must sign and date work samples when received)

The work product (i.e. homework, assignment) is due on the next school day following the "END Date" from above)

INDEPENDENT STUDY AGREEMENT

(Education code 51747)

Student

- All completed work must be returned to the classroom teacher upon student's return to school.

Parent/Guardian

- I understand that short-term Independent Study is an optional educational alternative in which no pupil may be required to participate.
- I am responsible for the supervision of my child while he or she is completing the assignments necessary for evaluation.
- I am liable for the cost of replacement or repair for willfully damaged or destroyed books or other school property checked out to my son/daughter.

Student Date Teacher Date

Parent/Guardian Date Principal Date

Assignment & Work Record

Course Subject	Description of Assignment and Books/Materials
Math	
Reading	
Writing	
Spelling	
English	
Language Arts	
Other	

Manner & Method of Evaluation: (check all that apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Review and Grading of Assignments | <input type="checkbox"/> Written test |
| <input type="checkbox"/> Demonstration of Skills | <input type="checkbox"/> Other _____ |

Attendance Credit: _____ days (round down to "whole" days)

Comments: _____

Supervising teacher's signature _____ *Date* _____

Independent study agreement K-8