



PIEDMONT HIGH SCHOOL INDEPENDENT STUDY CONTRACT (1 TO 15 CONSECUTIVE SCHOOL DAYS)

Student Name: _____ Student ID No: _____

Start Date: _____ End Date: _____ Grade: _____

PROCESS

1. Student should complete this coversheet, including student & parent signature. Return it to the PHS Main Office.
2. Assistant Principal will review. Once approved, Attendance will be notified.
3. Student should provide each of their teachers with a copy of the Student Work Assignment Record (SWAR) form with all fields at the top filled in (except *Date Work is Due to Teacher* which is to be filled by teacher).
4. Each teacher will complete the Assignment, Materials & Resources, and Learning Objectives portion of the form and provide the date all completed work is due. Teacher will sign, date and return form to student.
5. Both the Student and Parent/Guardian should review and sign.
6. Student should keep the SWAR forms as a record of their assignments due.
7. At the end of the Independent Study Contract period, Student should submit their completed work to each teacher.
8. If work was completed, teacher should check the All Work Completed box, sign and date.
9. Student shall return all signed SWAR forms to the Attendance Secretary in the Main Office by _____.
(Within 10 days of students return to school)

STUDENT RESPONSIBILITIES

I understand that:

- Short-term school-based independent study is a form of education that I have voluntarily chosen due to 1-15 days of absence.
- I am entitled to curriculum materials I would need during my absence.
- I have the same rights as other students in my grade at my current school.
- If I do not complete assignments and return to my teachers by the due date, my incomplete work will result in an evaluation to determine how much credit I will receive for the work completed.
- If I do not submit my completed SWAR forms to the Main Office by the due date shown in Item #9 above, my absences may be marked as unexcused.

PARENT/GUARDIAN RESPONSIBILITIES

I understand that the major objective of Short-Term School-Based Independent Study is to provide a voluntary educational alternative for my student. I agree to the conditions listed under "Student Responsibilities". I also understand that:

- Learning objectives are consistent with and evaluated in the same manner that they would be if my student were enrolled in a traditional school program.
- If my student has an Individual Education Program (IEP), the IEP must specifically provide for their enrollment in Short-Term School-Based Independent Study.
- I am responsible for supervising my student while they are completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation.
- I am liable for the cost of replacement or repair for willfully damaged books and other school property checked out to my student.
- If my student does not submit completed work and/or SWAR forms by the dates due, partial to no credit for assignments may result and absences may be marked as unexcused.

_____ Student's Name	_____ Student's Signature	_____ Date
_____ Parent's Name	_____ Parent's Signature	_____ Date
_____ Asst. Principal's Name	_____ Asst. Principal's	_____ Date



PIEDMONT HIGH SCHOOL INDEPENDENT STUDY CONTRACT

(5 TO 15 CONSECUTIVE SCHOOL DAYS)

9 – 12 Student Work Assignment Record

Student Name: _____

Student ID No: _____

Course Name: _____

Grade Level: _____

Start Date: _____

End Date: _____

DATE WORK IS

DUE TO TEACHER: _____

(Within 5 days of students return to school)

Daily Assignments/Tasks: _____

Materials and Resources: _____

Learning Objectives (Standards): _____

*We agree to the terms of this course contract and understand that it is to be completed as part of the Independent Study Contract. The student understands that **ALL work is due within 5 days of the student's return to school** (AR/BP 6158).*

Student's Name

Student's Signature

Date

Parent's Name

Parent's Signature

Date

Teacher's Name

Teacher's Signature

Date

☐ **All work completed**

Teacher's Signature

Date