Folsom Cordova Unified School District
SHORT TERM INDEPENDENT STUDY TK-12

Name_____School_____Grade_____

Address_____Phone_____

Duration: **3 days minimum – 15 days maximum per school year** **Parent accept initial**:_____

BEGIN Date_____END Date (Return to School): _____

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 to the school on the return date above.

INDEPENDENT STUDY AGREEMENT (Education Code 51747)

Student

- All completed work must be returned to the classroom teacher by the return date specified above.

Parent/Guardian

- Independent Study requests must be submitted at least 10 *school* days prior to the leave of absence.
- Independent Study is not available the first two weeks of school or the last two weeks of school. Students who fail to report back to school by the third day of instruction may be disenrolled. If space is no longer available, the student will be overflowed to a neighboring school or at the secondary level the student may lose their spot in a high demand class.
- I am responsible for the supervision of my child while they are completing the assignments necessary for evaluation.
- I am liable for the cost of replacement or repair for willfully damaged or destroyed books and or other school property

☐ Student is travelling out of the country and requests printed schoolwork.

_____ _____

Student *Date* *Teacher* *Date*

_____ _____

Parent/Guardian *Date* *Principal* *Date*

Assignment & Work Record

Course Subject	Description of Assignment	Percentage of Completion
Math		
English		
Language Arts		
Science		
Social Studies		
Other		
Other		
	Average %:	

*Multiply the total number of Independent Study days by average percent of completed work.

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