Westminster School District

Master Independent Study Agreement

Board Policy 6158

Student's Name: _____ ID: _____

School: _____ Grade: _____

Term of Program (Dates): _____ to _____ Number of School Days: _____

Reason for Independent Study: _____

Independent Study Program: _____ Short Term (1-15 days) _____ Long Term (16 days up to 1 school year)

Agreement:

1. Students may participate in Short Term Independent Study program for a minimum of one day and a maximum of 15 cumulative days. Students may participate in the Long-Term Independent Study program for a maximum of one school year; agreement can be renewed the following school year.
2. Subjects to be taught: Language Arts, Math, Science, Social Studies, Physical Education, Special Programs, and the Arts, with the goal of meeting or exceeding California State Standards for the grade level.
3. The Assignment Cover Sheet details the course description, objectives, study methods, evaluation methods, and resources covered by this Agreement. With the support of the parent, guardian, or caregiver, students will submit assignments on or before the due date and manner specified in Assignment Cover Sheet. Students will complete all assigned work in a satisfactory manner. Incomplete work or unacceptable work will not be accepted for credit.
4. According to Board Policy 6158, for grades TK through 8th, the maximum length of time allowed between the assignment and the date the assignment is due is one week. If the student is not making satisfactory educational progress as determined by the general supervising teacher using the measures prescribed in accordance with paragraph (2) of subdivision (b) of Education Code Section 51747, an evaluation will be made to determine whether independent study is an appropriate strategy for this pupil. Students will complete and return the assigned work within one week of the child's return to school.
5. Long Term IS students in grade Kindergarten and grades 1 to 8, must participate in weekly teacher check-ins. Teachers will communicate to students and parent/guardian their student's academic progress in-person.
6. Traditional Long Term IS students (16 or more consecutive days; not to exceed 1 school year) in grade Kindergarten and grades 1 to 8, may participate in the program due to student needing alternative program due to illness, extended travel, or temporary relocation. Assigned teacher will assign classwork and communicate how often work is returned during participation in program.
7. WSD will provide access to connectivity and devices adequate for participation and completion of work.
8. Academic and other supports (academic intervention, additional teacher meetings, required in person learning, and/or counseling) may be provided to address the needs of students who are not performing at grade level, or need support in other areas, such as English learners, individuals with exceptional needs in order to be consistent with the student's individualized education program or 504 plan, pupils in foster care or experiencing homelessness, and pupils requiring mental health support.
9. Independent Study is an optional educational alternative in which students are not required to participate. While the student is engaged in the District's Independent Study Program, the parent or guardian assumes all responsibility for the student's educational activities. If course objectives are not met, this agreement becomes null and void and the student may not receive credit for subjects missed. The parent or guardian assumes all liability for the safety and welfare of the student while on Independent Study.

I understand and agree to these provisions:

	Signatures	Date
Parent / Guardian:	_____	_____
Student:	_____	_____
Teacher:	_____	_____
Principal:	_____	_____

Short Term IS: Agreement shall be signed within 10 school days of the commencement of the first day of the pupil's enrollment in independent study §EC 51747 (g) (9).
Long Term IS: Agreement shall be signed before the commencement of independent study §EC 51747 (g) (9).

Complete upon evaluation of assignment(s):

I certify that the above-named student has met the curricular objectives for the given assignment(s) and completed all work in a satisfactory manner.

Teacher Signature: _____ Date: _____