Panama-Buena Vista Union School District
ALTERNATIVE EDUCATION
5901 Schirra Court, Bakersfield, CA 93313
661-397-2200 ext. 6440

2026-2027 INDEPENDENT STUDY MASTER AGREEMENT

Important to Note:

- ➔ Independent Study is an optional alternative in which no student may be required to participate
- ➔ This contract should be completed and submitted to the school office at least 5 days prior to the first intended day of absence. Completion of this form does not guarantee acceptance of this contract.
- ➔ There is no extension for absent students; the due date will not be extended.
- ➔ ALL work assigned must be returned on the first school day following this contract.

Student Name:		Student ID#:	Grade:
Mailing Address:		Birthdate:	Age:
City: BAKERSFIELD	Zip code: 933	Phone Number:	
Parent/Guardian Name:		Parent/Guardian Email:	
School of Enrollment:		Teacher(s):	
Reason for requesting IS:			
Does your student have an IEP?			

Duration of Independent Study: **BEGIN DATE:** _____ **END DATE:** _____
Month/Day/Year Month/Day/Year

COMPLETED WORK DUE DATE: _____ (The first school day after the end date of the contract above.)

The Board has established maximum lengths of which may elapse before an Independent Study (IS) contract is due. An IS contract can be issued up to two times per student during a school year for a minimum of 3 consecutive school days each, but **not to exceed a total of 15 school days** collectively during the current school year.

IN ACCORDANCE WITH EDUCATION CODE 46300, I GRANT PERMISSION FOR THE ABOVE STUDENT TO ENROLL IN THE INDEPENDENT STUDY PROGRAM.

Administrator's Signature:_____

The Independent Study Program (ISP) is an optional educational alternative to a regular classroom program of instruction when it appears to be in a student's best interest (e.g., student is traveling or in an emergency situation). A student may receive attendance credit by completing all assignments determined by the teacher. The teacher will determine academic credit for each subject based on the quality and quantity of completed assignments.

Each student participating in ISP must have a signed Independent Study Master Agreement on file with the P-BVUSD Alternative Education Office prior to the first date of absence. The Master Agreement must be signed by the student, the student's parent/guardian, the classroom teacher and any others with direct responsibility for providing assistance to the student.

A student with a disability receiving special education services may participate in the IS through a recommendation by the student's Individualized Education Program (IEP) Team. An IEP Change of Placement meeting must take place prior to a student beginning an Independent Study Program. A student qualifying for accommodations under Section 504 of the Rehabilitation Act of 1973 may participate in accordance with the student's 504 plan.

SCHOOL RESPONSIBILITIES:

- The purpose of this agreement is to enable a student to stay current with class assignments.
- The agreement enables a student to successfully reach academic objectives by completing assignments as outlined in Board Policy and Administrative Regulations. With the support of the parent, guardian, or caregiver, the student will submit all completed assignments to their teacher on the first attendance day following this contract.
- The classroom teacher will provide the services, instructional materials, and other necessary items and resources as specified for each assignment. Content is to include Core Curriculum subjects.
- An assignment log will be completed by the teacher and attached to the finalized Agreement to support pacing and ensure comprehensive learning.
- All grading procedures will follow the grading practices outlined in Board Policy and Administrative Regulations. The method of evaluation used to determine a student's learning objectives shall include teacher evaluation of completed assignments and the assigning of a letter grade or credit/no credit.
- Pupils will be provided with academic interventions/modifications if performing below grade level and social emotional and wellness support if that is deemed necessary.
- The school site will confirm the student's access to, or provide, devices and connectivity adequate for the student to complete all assigned work.

STUDENT RESPONSIBILITIES:

- The student will complete, during the time of this agreement, the assignments listed on the assignment log. All course work will be consistent with current classroom assignments and the Panama-Buena Vista School District adopted curriculum.
- The student will submit all assignments to their teacher upon their return to school.
- Assignments not completed or turned in on the day the student returns to school may impact participation in the program and affect the student's attendance records.

IN ACCORDANCE WITH EDUCATION CODE 51747 (g)(9), THE STUDENT IS REQUIRED TO SIGN THIS AGREEMENT.

Student Signature: _____ Date: _____

PARENT RESPONSIBILITIES: I understand the major purpose of Independent Study is to provide an educational alternative for my student. I will uphold the student agreement and additionally understand that I am responsible for

- I am responsible for supervising my student while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation by the due date.
- I am liable for the cost of replacement or repair for willfully damaged books and other school property checked out to my student.
- I understand that my student's ability to participate in the program can be evaluated by the principal or designee and can be terminated using prescribed measures in accordance with Education Code 51747, including:
    - Attendance (3 unexcused absences or 60 % of the instructional school days in a week)
    - Truancy
    - Incomplete Assignments (totaling no more than 3)
    - At Risk for Failure (as monitored by the teacher)
- I understand there is no extension available for absences; the due date will not be extended.
- I have read and understand the terms of this agreement and agree to all provisions set forth.

Parent Signature: _____ Date: _____