

**ALBANY UNIFIED SCHOOL DISTRICT
SHORT TERM INDEPENDENT STUDY
CONTRACTED STUDY, GRADES K – 12**

(Minimum of 5 days, maximum of 20 days, voluntary program)
Request must be made at least 14 school days prior to first absence.

Please print

Name _____ Birthdate _____ Age _____

Present School _____ Present Grade ____ Student ID: _____

Parent/Guardian _____ Home Phone: _____

Address _____ Work Phone: _____

Beginning Date _____ Expected Date of Completion _____

Resources: The student will have the resources of school district personnel, curriculum, textbooks, supplementary materials and community resources that are available to all their students of the school enrolled during school hours. The following lists specific materials that are checked out to the student for use during the term of this independent study agreement:

Method of Study: Student reads []; Answer questions []; Do worksheets []; Take tests []; Other []

Schedule for Submitting Assignments: The student shall submit assignments to the assigned teacher for evaluation according to the following schedule: Frequency: _____
Time: _____ Place: _____ Manner: _____

I HAVE READ THE TERMS OF THIS AGREEMENT AND HEREBY AGREE TO ALL THE CONDITIONS SET FORTH WITHIN. FAILURE TO COMPLETE ASSIGNMENT(S) MAY AFFECT THE STUDENT'S GRADE AND STUDENT WILL BE REPORTED AS TRUANT.

Student _____ Date: _____
Parent _____ Date: _____
Teacher: _____ Date: _____
Administrator: _____ Date: _____

Method of Evaluation: Evaluation portion to be completed by the Independent Study Instructor after student finishes coursework.

Evaluation to be used: Assignment completed []; Demonstration of Skills []; Written test []; Oral presentation []; Minimum Performance of 60% []; Other []

FOR OFFICE USE: ADA CREDIT RECORD

Dates:										
	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
ADA Credit:										
Dates:										
	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
ADA Credit:										

Evaluating Teacher Signature: _____ Date: _____