

SYCAMORE ACADEMY INDEPENDENT STUDY AGREEMENT

STUDENT NAME:	GRADE:	DOB:
ADDRESS:	PHONE #:	FAX #:
CITY & ZIP CODE:	START DATE:	END DATE:

TEACHER: _____

DUE BACK : 1st DAY BACK TO SCHOOL

ASSIGNMENT:

For each day absent, the teacher will assign work for each student from the categories listed below. If special circumstances exist, the teacher will make appropriate modifications.

ALL ASSIGNMENTS ARE DUE NO LATER THAN 20 DAYS FROM LAST DAY ABSENT.

VOLUNTARY STATEMENT:

Independent Study is an optional educational alternative that students voluntarily select. All students who choose independent study must be offered the alternative of classroom instruction, and they must have the continuing option of returning to the classroom.

EQUITABLE PROVISION OF RESOURCES AND SERVICES:

The independent study option is to be substantially equivalent in quality and quantity to classroom instruction, and that students who choose to engage in independent study are to have equality of rights and privileges with students in the regular school program.

ASSIGNMENTS	
MATHEMATICS	LANGUAGE ARTS

<p>PARENT: I have read and agree to the conditions listed above. In addition, I understand that:</p> <p style="padding-left: 20px;">IS is a voluntary program and must be agreed upon by the student, myself, teacher and school administration.</p> <p style="padding-left: 20px;">It is my responsibility to oversee my child's work and for ensuring the completion and submission of all assignments on time and/ or upon return to school.</p> <p style="padding-left: 20px;">I am responsible for any school materials that are used during IS and will replace materials that are lost or stolen.</p> <p>ASSIGNMENTS ARE DUE NO LATER THAN 20 DAYS FROM LAST DAY ABSENT.</p> <p>*** Independent Study is offered to you as a way for you to clear your child's absence, however if you fail to complete this packet the student will NOT receive credit for it and it will revert back to an absence.</p> <p>SIGNATURE: _____</p>	<p>DATE: _____</p>

- office use only: PS/IS
- office use only: PS/ISC

STUDENT: I understand that I will complete all the homework listed in this Agreement and that I will meet with my teacher upon my return to complete the IS. I understand that I will be marked absent from classes if I do not complete my work and meet with my classroom teacher on the above date. SIGNATURE:	DATE:
TEACHER: I agree that I will compile specific homework assignments for the student's IS in a timely fashion and that I will assess the homework assignments weekly or upon the student's return to school. In addition, I will meet with the student weekly or upon their return to complete the IS Contract. I will keep accurate attendance records during IS in order to accrue accurate ADA. SIGNATURE:	DATE:
PRINCIPAL/ OTHER: I agree to oversee this IS for the above student according to the IS policy. SIGNATURE:	DATE:

I, the classroom teacher, certify the student named above, has met his/her Agreement conditions as indicated below:

 Completed. The student has met all terms and conditions of this Agreement. Credit for attendance is marked below.

 Partially Completed or Terminated. The student has not satisfactorily met all the terms and conditions of this Agreement for the reasons below. **Number of days completed** .

The student has satisfactorily completed the terms of this IS Agreement for the following dates:

Week #	Monday	Tuesday	Wednesday	Thursday	Friday
1	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_
2	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_
3	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_
4	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_

Classroom Teacher Signature

Date