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TVCS

TEMECULA VALLEY CHARTER SCHOOL

A School Family for Your Family

**TEMECULA VALLEY CHARTER SCHOOL
INDEPENDENT STUDY WRITTEN LEARNING AGREEMENT**

Student name:	Teacher:	Grade level:
Address:	Age:	Birth date:
City:	Zip code:	Phone:
# of Days on Independent Study:	Beginning Date:	Ending Date:
Reason for Independent Study Request:		

Objectives, Methods of Study, Methods of Evaluation, and Resources: We understand that the student is to complete the subjects/courses listed, and that subject/course objectives reflect the curriculum adopted by the school's governing board and are consistent with school standards, as outlined in the school's subject/course descriptions. The specific objectives, methods of study, methods of evaluation, and resources for each assignment covered by this agreement will be described in student assignment sheets and work records forms, which are part of this agreement, and any subsidiary agreements are also part of this agreement. Resources shall be provided to the student.

Additional Classes: If the student satisfactorily completes all the above subjects/courses before the ending date of the agreement, one or more courses/subjects may be added to the agreement if the agreement is re-signed and re-dated by the teacher and the student. In the event a new teacher is assigned, that teacher must sign this agreement.

Reporting: We understand that students are required to report to their teacher(s) as

scheduled. Manner of reporting: _____

Frequency: _____

Day: _____

Time: _____

Place: _____

Assignments:³ We understand that according to the school policy for grades TK through 8, the maximum length of time allowed between the assignment and the date the assignment is due is 5 school days. After 5 missed assignments, an evaluation will be made to determine whether independent study is an appropriate strategy for this student.

Supports: Academic and other supports will 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 pupil's individualized education program or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils in foster care or experiencing homelessness, and pupils requiring mental health support.

Voluntary Statement: We understand that independent study is an optional educational alternative that students voluntarily select, including students covered under California *Education Code* sections 48915 and 48917. 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.

Quality and Quantity; Rights and Privileges; Resources and Services: The independent study option is to be substantially equivalent in quality and quantity to classroom instruction. Students who choose to engage in independent study are to have equality of rights and privileges with the same access to existing services and resources as students in the regular school program.

Signatures and Dates:¹⁴ We have read and understand the terms of this agreement and agree to all the provisions. We understand and acknowledge this agreement may be signed electronically by all parties.

Student: _____

Date: _____

Parent/Guardian/Caregiver: _____

Date: _____

Supervising Teacher: _____

Date: _____

Administrator(s): _____

Date: _____

These grade levels and numbers must match the Board approved policy.

¹

No agreement may be longer than one school year. EC 51747(g)(5); 51749.6(a)(2)

²

Must include materials and personnel, including any connectivity or devices adequate to participate and complete assigned work.

³

These grade levels and numbers must match the Board approved policy.

⁴ May be electronically signed by all parties and the agreement may be maintained electronically. EC 51749.6(b)(5)-



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www.tvcscougars.com

Ph 951-294-6775

Fax 294-6780

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Independent Study Assignment Sheet

Start Date: _____ End Date: _____ Date of Return: _____

Student Name: _____ Date Work Assigned: _____

Teacher: _____ Grade: _____ Period: _____ Work due on: _____

Subject	Assignment/Activities/Materials/Resources	Grade	% Completed

All completed Independent study assigned work is due to the student's teacher(s) on their return date per contract. Teacher(s) will grade, average percentage of work completed and give form to the attendance clerk.

Student Signature: _____ Date: _____

Teachers Signature: _____ Date: _____