

COLUMBIA UNION SCHOOL DISTRICT

Short Term Independent Study Procedure

If a student is going to miss school for 5 or more days they may apply for Independent Study. Parents must sign a Master Agreement for Independent Study in the school office a minimum of three school days prior to beginning Independent Study.

School office staff will review the Master Agreement for Independent Study with the parent, have the parent sign the agreement, and contact the teacher notifying them of the Independent Study request.

Teachers may approve or deny the Independent Study request. If a teacher chooses to deny the request they should write, "denied" on the Teacher Signature line of the Master Agreement for Independent Study and attach a note explaining why the request was denied.

Students returning from Independent Study must report to the office with all completed work. The work will be given to their teacher, corrected and appropriate credit will be given. The teacher will then take all original work to the school office.

Failure to deliver all completed Independent Study work to the office upon returning to school will result in all or some of the Independent Study days being recorded as unexcused absences.

Students in Transitional Kindergarten through 3rd grade may only be assigned 5 days of Independent Study. 4th through 8th grade students may be assigned a maximum of 10 days of Independent study.

PLEASE NOTE: Students may be denied Independent Study if they have attendance issues, do not consistently complete home or class work, or have failed to complete Independent Study assignments in the past.

COLUMBIA UNION SCHOOL DISTRICT

Long Term Independent Study/Homeschool Procedures

Long term independent study and homeschool programs allow students to receive an education while having flexibility in their scheduling to accommodate other needs or activities. The request for Long Term Independent Study or Homeschool must be approved by the district superintendent.

Once the enrollment process is complete, a teacher will be recruited and assigned. Students will work with a teacher to receive assignments and seek any clarification or support for completing the assignments. Teachers may have other responsibilities and as such may not be always available. However, the teachers will share a schedule and contact information for support.

Students must complete the assigned work (or alternative assignment if homeschool). If a student does not complete assignments, they will be dropped from the program and referred back to the regular program that is in effect at the time. Independent study or homeschool can be stopped at any time. The student will return immediately to the regular program.

Students will:

- Complete all assignments
- Meet weekly with the teacher
- Return completed assignments to the teacher each week
- Contact the teacher for academic support if needed

Parents will:

- Keep students accountable for work completion
- Offer academic support if they have the appropriate subject knowledge
- Maintain structure and schedule for their student
- Communicate with the teacher if there are any difficulties
- Homeschool parents can also substitute assignments for experiences at home or in the community (the teacher must be consulted and the alternative assignment documented)

Teachers will:

- Provide students and parents with curriculum, assignments, and suggestions for pacing
- Provide support through email, phone, and computer based meetings to students and parents
- Assess student knowledge and make appropriate recommendations for improvement
- Manage paperwork for the student

Columbia Union School District Master Agreement for Independent Study

Name: _____
 Student ID Number: _____ Grade: _____ Age: _____ Birthdate: _____
 Address: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Number: _____
 Duration: _____ Entry Date: _____ Exit Date: _____

Objective: I will complete the studies listed below during the semester (or travel time) as they are outlined in the Columbia Union School District curriculum. I will turn in my assignments and work record forms. Columbia Union School District will provide me with a teacher, textbooks, materials, computer time, and field trips. I understand it is district policy that for grades K-3 no more than one(1) week and for grades 4-8 no more than two(2) weeks may elapse between the date an assignment is made and the date on which it is due. I agree to meet and talk with my teacher regularly:

Frequency: _____ Time: _____ Manner: _____ Place: _____

Subject	Course Value	Subject	Course Value

AGREEMENT: We have read pages 1 and 2 of this agreement and hereby agree to all the conditions set.

Student Signature	Date	Parent/Guardian Signature	Date
Teacher Signature	Date	Administrator Signature	Date

My signature below indicates that I, the assigned supervising teacher, have personally evaluated the time value (apportionment credit) of the student's work products, or that I have personally reviewed the evaluations made by other certificated teachers.

Supervising Teacher Signature	Apportionment Credit	Date
Administrator Signature	Date	

**Columbia Union School District
Master Agreement for Independent Study Continued**

Student

- * Independent study is a form of education that I have chosen.
- * I am entitled to textbooks and supplies, supervision by my teachers, and all the services and resources received by other children enrolled in my grade at Columbia Union School District.
- * I have the same rights as other students in my grade at Columbia School.
- * I must follow the rules and standards in the discipline code and behavior guidelines of Columbia School.
- * If I do not complete or am missing 3 or more assignments, my incomplete work will result in review of my agreement and I may not be allowed to continue in independent study.

I agree to:

- * Be supervised by and meet regularly with my teacher as written on page 1.
- * Complete my assigned work by its due date, as explained by my teacher and described in my written assignments.

Student's Signature: _____

Parent/Guardian

I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my son or daughter. I agree to the above conditions listed under "student." I also understand that:

- * Learning objectives are consistent with and evaluated in the same manner that they would be if s/he were enrolled in a traditional school program.
- * If my child has an individualized education program (IEP), the IEP must specifically provide for his or her enrollment in Independent Study.
- * Unless otherwise indicated, the supervising teacher who signs this agreement will meet with my son or daughter on a regular basis as specified on page 1 to direct the child's study and measure progress toward the objectives in this agreement. It is my responsibility to promptly reschedule any appointment missed due to an emergency.
- * I am responsible for the supervision of my child while s/he is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation.
- * I am liable for the cost of replacement or repair for willfully damaged or destroyed books and other school property checked out to my son or daughter.
- * It is my responsibility to provide any needed transportation for my son or daughter's scheduled meetings and any other travel covered by this agreement. I have the right to appeal to the school administrator any decision about my son or daughter's placement or school program according to the Columbia Union School District procedures.

Parent/Guardian's Signature: _____

Columbia Union School District
INDEPENDENT STUDY: CLASS OBJECTIVES

STUDENT NAME: _____ CONTRACT DATE: _____

Class: _____

Teacher: _____

Objective: _____

Method of study: _____

Resources: _____

Credit Received: _____ Teacher's Signature: _____

Class: _____

Teacher: _____

Objective: _____

Method of study: _____

Resources: _____

Credit Received: _____ Teacher's Signature: _____

Class: _____

Teacher: _____

Objective: _____

Method of study: _____

Resources: _____

Credit Received: _____ Teacher's Signature: _____

Class: _____

Teacher: _____

Objective: _____

Method of study: _____

Resources: _____

Credit Received: _____ Teacher's Signature: _____

Teacher must sign class objectives upon the return of the student from Independent Study for completion of the contract. In cases of partial fulfillment, indicate the percent completed. Students work is DUE the day the student returns and sent to the office immediately upon receipt and the recording of grades. ALL work is to be handed in to the office (or a copy of) with the completed contract.