

RIALTO UNIFIED SCHOOL DISTRICT
SECONDARY INDEPENDENT STUDY MASTER AGREEMENT

Student Name: _____ Birthdate: _____ Age: _____

School: _____ Grade: _____ Stu #: _____

Duration of this Agreement: _____ / _____ / _____ to _____ / _____ / _____
(Month) (Day) (Year) (Month) (Day) (Year)

Weekly meetings with teacher to be held at: _____ on _____ at _____
(place) (day) (time)

Parent/Guardian's agreement:

1. I grant permission for the above-named student to enroll in independent study, an optional alternative education strategy offered by the Rialto Unified School District. (Board Policy IHG)
2. This enrollment is voluntary and not to exceed one semester/trimester.
3. I understand that I have the right to review the programs of instruction and revoke this agreement at any time.

Student's agreement:

1. I understand that by entering independent study I have not given up my rights as a student and am entitled to all District services and resources.
2. I will report progress to my teacher, will meet assigned deadlines, and attend scheduled conferences.
3. I understand that if I fail to complete/keep two (2) assignments/appointments there will be an evaluation of my eligibility to continue in the independent study program.

School's responsibilities:

1. The teacher will be responsible for the evaluation of the work presented by the student under the terms of this independent study agreement to determine the amount of credit earned by the student.
2. The teacher will offer guidance and provide resources to the student as specified in each course contract or assignment.
3. The teacher/counselor/administrator will re-evaluate the student's placement each semester.

Courses of study: Course contracts will be completed for each course that specify title, objectives, credit, time allotted, method of evaluation, resources to be provided and criteria for completion. All course contracts and assignment sheets are to be considered part of this master agreement. Subjects/semester/credits to be attempted within the duration of this agreement are listed below.

- | | |
|------------------|------------------|
| 1. _____ / _____ | 4. _____ / _____ |
| 2. _____ / _____ | 5. _____ / _____ |
| 3. _____ / _____ | 6. _____ / _____ |

The undersigned hereby acknowledge and agree to the objectives and responsibilities listed above.

Student (required) _____ Date _____

Parent/Guardian (required) _____ Date _____

Teacher (required) _____ Date _____

Principal/Designee (required) _____ Date _____

Other _____ Date _____