



**STUDENT RESPONSIBILITIES/UNDERSTANDING:**

1. I understand that this agreement will remain in effect as written, unless amended.
2. I will report progress to my teacher, will meet assigned deadlines and attend scheduled conferences.
3. I understand that if I miss my scheduled appointment, or fail to complete all the work on my assignment sheet, I will receive an absence.
4. I understand that either missing a scheduled appointment or failing to complete an assignment for the third time in one academic semester will result in my continued enrollment being evaluated to determine if I will remain in the program or be immediately returned to my last school of enrollment.
5. I understand that I must follow discipline codes and behavior guidelines of the West Sonoma County Union High School District.
6. I understand that visitation on any other school campus requires permission from that school.
7. If I have an IEP, it must specifically provide for my enrollment in Independent Study.
8. I am liable for the cost of replacement or repair of any lost or damaged books and/or materials.
9. I am eligible for all West Sonoma County Union High School District services and resources.
10. I acknowledge that I am required to take the STAR and CAHSEE, just as in the regular classroom program.
11. I understand that if I achieve only the minimum amount of study required to remain enrolled in Independent Study (4 hours of study per day), I may not earn sufficient credits to graduate.

**PARENT/GUARDIAN/CAREGIVER RESPONSIBILITIES/UNDERSTANDINGS:**

1. I grant permission for my student to enroll in independent study, an optional alternative education strategy, offered by the WSCUHSD.
2. I understand that this enrollment is for a period not to exceed one semester and I have the right to review the program of instruction and revoke this agreement at any time.
3. I understand no progress reports will be issued due to the short duration of the contracts, but I may contact the coordinator for information at any time.
4. I understand that should my student either miss a scheduled appointment or fail to complete an assignment for the third time in one academic semester, my student's attendance will be evaluated and he/she may be returned to his/her last school of enrollment.
5. I understand if my student has an IEP, it must specifically provide for his/her enrollment in Independent Study.
6. I am liable for the cost of replacement or repair of any lost or damaged books and/or materials.
7. I have the right to appeal any decision about my child's placement according to the school district's procedures.
8. I have read and agree to the student responsibilities and understandings.
9. I acknowledge my student is required to take the STAR and CAHSEE just as in the regular classroom program.
10. I understand that if my student achieves only the minimum amount of study required to remain enrolled in Independent Study (4 hours of study per day), he/she may not earn sufficient credit to graduate.

**SCHOOL RESPONSIBILITIES/UNDERSTANDINGS:**

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 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 will re-evaluate the student's placement at the contract exit date or semester's end.
4. The student shall have access to resources of the school district, including but not limited to textbooks, supplementary materials, and library privileges.

**VOLUNTARY STATEMENT:**

Independent Study is an optional educational alternative that students voluntarily select, including expelled students (Education Code Section 48915) and/or students whose expulsion has been suspended (Education Code Section 48917). All students who choose independent study will have the continuing option of returning to the classroom.

**AGREEMENT:**

We have read the terms of this agreement and hereby agree to all the conditions, including those in the contracts and assignments.

Student Signature	Date	Parent/Guardian/Caregiver Signature	Date
School Coordinator Signature	Date	Teacher Signature	Date
Other Signature	Date	Other Signature	Date
Other Signature	Date	Other Signature	Date