

High School Independent Study  
Contract

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Duration of Agrmt: \_\_\_\_\_ Entry date: \_\_\_\_\_ Exit date: \_\_\_\_\_

Objectives I will complete these subject areas during the quarter as they are outlined in the County curriculum. I will turn in assignments and work record forms. Student contracts/weekly agreement forms contain additional descriptions of students' objectives, program and evaluation. The County Office will provide me with a teacher, textbooks/materials as listed on my assignments. This contract can not exceed one semester. The maximum time which may elapse between the time the assignment is made and the date by which the student must complete the work is nine(9) weeks. When special circumstances justify a longer assignment time, a period of up to twelve(12) weeks may be granted pursuant to a written request with justification. After missing two (2) consecutive Independent assignments, an evaluation will be conducted to determine if it is in the best interest of the student to remain in independent studies.

Agreement: We understand that independent studies is an optional educational alternative in which no student may be required to participate. We have read the contract and policies hereby agree to all the conditions set forth within.

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
n/a if student is 18: \_\_\_\_\_ Date: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Admin.: \_\_\_\_\_ Date: \_\_\_\_\_

Work Submission:

Frequency: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_ Manner: \_\_\_\_\_

Course Objectives:

Description of Educational Activities:

METHOD of Evaluation: ( ) Evidence of product completed, ( ) Student Log  
( ) Oral presentation, ( ) Written test/reports, ( ) OTHER