

# River Oaks Academy

## Master Agreement for Independent Study

**Student:**  
**Student Number:**  
**Address:**  
**Location:**  
**1st Phone Number:**  
**DOB:**  
**Beginning Date:**

**Contract Term: Semester**  
**Year:**  
**2nd Phone Number:**  
**Grade Level: 08**  
**School for Classroom Option:**  
**Program Placement: General Education**  
**End Date:**

**It is understood that:**

**Objectives:** The student will complete the courses listed below. All course objectives will be consistent with the established district or charter school's governing board and are consistent with district or charter school standards as outlined in the district or charter school's subject/course descriptions. Assignment and Work Record Forms will include additional descriptions of the major objectives and activities of the courses of study covered by this agreement including the evaluation of student work and are incorporated herein. The term "course value" (CV) refers to the number of credits (secondary education) or weeks of work (elementary education) the student will attempt.

Schedule	Category	Course Value
Language Arts	Language Arts	5 Credits
Pre-Algebra or Algebra 1	Mathematics	5 Credits
Social Studies	Social Studies	5 Credits
Science	Science	5 Credits
Elective 8	Elective	5 Credits
Physical Education	Physical Education	5 Credits

**Method of study:** Specific methods of study will be designated on the Student assignment and Work Record and are incorporated herein. Examples of methods of study for the student will include: Independent Reading, Textbook Activities, Problem Solving, Study Projects, Drill & Practice, Experiential Learning, Computerized Curriculum, Web/Internet Research, Library Research, Field Trips, Learning Center Courses, Discussion

**Specific Resources:** The school will provide appropriate instructional materials and personnel necessary to the achievement of the objectives and must include resources that are normally available to all students on the same terms as the terms on which they are available to all. Assignments and specific resources will be designated on the Assignment and Work Record forms and are incorporated herein.

**Method of Evaluation:** Academic evaluations will be designated on the Assignment and Work Record and are incorporated herein. Other acceptable methods of evaluation include, but are not limited to: Teacher Made Tests, Student Conferences, Progress/Report Cards, Chapter/Unit Tests, Work Samples, Observations, Portfolios, State Standards Testing, Learning Journals, Presentations, Quizzes, Labs, Finals.

**Students are required to report to their teacher as scheduled:** Manner of Reporting: One-on-One, Small Group, Email, Fax. Time: 8:00am-3:00pm. Day: M-F. Frequency: At least once every twenty days. Duration: one semester. Location: School Site or Other Public Location.

**Voluntary Statement** It is understood that independent study is a continuously voluntary educational alternative and that a classroom option is always available at the student's home district. Instruction may be provided for a student through independent study only if the student is offered the alternative of classroom instruction.

**Assignments:** According to the district or charter school policy for grades K through 12, the maximum length of time allowed between when the assignment was made and the date the assignment is due is 20 school days, unless an exception is made in accordance with the district or charter school policy. After 3 missed assignments, as per board policy, an evaluation will be made to determine whether independent study is an appropriate strategy for this student.

**Additional courses** may be added to this agreement as needed if the agreement is re-signed and re-dated by the teacher and the student.

**Signatures and Dates:** I have read and I understand the terms of this agreement, and agree to all provisions set forth.

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Teacher Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature:

\_\_\_\_\_  
Date

## **River Oaks Academy Acknowledgement of Responsibilities**

**Student:**

**Student Number:**

**Address:**

**Location:**

**1st Phone Number:**

**DOB:**

**Beginning Date:**

**Contract Term: Semester**

**Year:**

**2nd Phone Number:**

**Grade Level: 08**

**School for Classroom Option:**

**Program Placement: General Education**

**End Date:**

### **Students Agreement/Responsibilities**

I voluntarily request participation in this independent study program and have read and understand the terms of the master agreement.

I will complete all course work outlined in the master agreement, and as assigned to me in the periodic Student Assignment and Work Record.

### **Parent/Legal Guardians Agreement**

I agree to the above conditions listed under Students Agreement/Responsibilities. I also understand that:

I am responsible for the daily monitoring/verification of all subjects studied, with scheduled monitoring by the Independent Study Teacher.

If I become aware of special or extenuating circumstances that will prohibit my student from turning in the assigned work by the due date, I will contact the Independent Study Teacher prior to the due-date to make alternative arrangements.

I understand that it is my responsibility to provide any needed transportation for my child's scheduled meetings at a mutually agreed upon location reflected on the face of the master agreement and that lack of transportation is not an acceptable reason for failing to meet with the Independent Study Teacher. I have the right to appeal any decision about my child's placement in accordance with the school's policies and procedures.

### **Independent Study Teachers Agreement**

The Independent Study Teacher will assign a body of work to be completed during the duration of this agreement.

The Independent Study Teacher will evaluate work in a timely manner.

The Independent Study Teacher will notify the student and parent/legal guardian of the academic credit granted for work completed.

We, the undersigned, understand the voluntarily agree to the terms and conditions of this Independent Study agreement. Our signatures below indicate that we voluntarily participated in the establishment of these Agreements/Responsibilities and that we understand and accept our responsibilities in relation to this document.

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature:

\_\_\_\_\_  
Date