



**MASTER AGREEMENT FOR SHORT-TERM SCHOOL-BASED INDEPENDENT STUDY 2021-22  
MINIMUM OF ONE SCHOOL DAY**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**504 Plan**

**IEP**

**English Learner**

**WUSD Home School:**  **MWE**  **BES**  **CCLA**  **WMS**  **WHS**  **NBMA**  **WOA**  **NCC**

**Student ID Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Beginning Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Duration of Agreement:** \_\_\_\_\_ **total school days**

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**Access:**

Student has a WUSD issued Chromebook

Student has access to connectivity adequate to participate in the educational program and complete assigned work.

**STUDENT:**

**I understand:**

- Independent Study is an optional educational alternative that I have voluntarily selected.

- I will complete the studies listed below as they are outlined in the Windsor Unified School District curriculum. I understand that all learning objectives and methods of study will be consistent with the guidelines established in the Windsor Unified School District Curriculum and that assignment and work forms will include additional descriptions of the learning objectives and activities of the course of study covered by the agreement. In undertaking the study of the courses below, I realize that I will have the resources of school district personnel, curriculum (including audiovisual aids and computers) textbooks, supplementary materials, and community resources as listed on my assignment and work record forms.

- I understand school district policy provides that for grades TK-12 and the Independent Study program, assignments are due on the day of return for in-person learning.

I agree to:

- Be supervised by a parent/guardian.
- Complete my assigned work and achieve at least the minimum performance requirements of the course of study. I understand that passing, which is based on mastery of learning, can only occur after I have successfully completed an activity and it has been evaluated.

**PARENT/GUARDIAN:**

*I understand that the major objective of Independent Study is to provide a voluntary short-term, school-based educational alternative for my child.*

*I agree to the above conditions listed under "STUDENT."*

I also understand that:

- Individual course objectives are consistent with and evaluated in the same manner that they would be if he or she were enrolled in a traditional school program.
- I am liable for the cost or replacement or repair for willfully damaged or destroyed books and other school property checked out to my student.
- I am responsible for the supervision of my student while they are completing the assigned work and/or submitting all completed assignments necessary for evaluation.

**AGREEMENT:**

We have read all pages of this agreement, and hereby agree to all the conditions set forth within.  
(All dates must be before the student starts the short-term school-based Independent Study)

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian/Caregiver** \_\_\_\_\_ **Date** \_\_\_\_\_

**District/School Teacher of Record** \_\_\_\_\_ **Date** \_\_\_\_\_

**Other Responsible Party** \_\_\_\_\_ **Date** \_\_\_\_\_

**Other Responsible Party** \_\_\_\_\_ **Date** \_\_\_\_\_

*Evaluation portion to be completed by the short-term school-based Independent Study teacher after student finishes course work.*

Subject	Grade	Teacher Initial	Date

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Duration of Agreement: \_\_\_\_\_ Total school days  
 Date Recorded: \_\_\_\_\_ Supervising Teacher's Signature: \_\_\_\_\_

Subject	Grade	Teacher Initial	Date

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