

MORGAN HILL UNIFIED SCHOOL DISTRICT
Agreement for Short Term Independent Study--Grades K-8

A. Name	Grade	School
Address	Age	Date
City	Zip Code	Phone

B. Teacher's Name: _____
 Supervising Teacher's Signature: _____ Date: _____

C. Independent Study Category At Home Travel Other:
 Beginning Date: _____ Date of Return: _____

I. To be Completed by Teacher: (complete one objective for each subject)

A. Subject: _____	Objective _____
B. Activities to be accomplished: _____ _____	
Teacher Signature: _____	
Grade Achieved: _____ _____ % of work completed	
A. Subject: _____	Objective _____
B. Activities to be accomplished: _____ _____	
Teacher Signature: _____	
Grade Achieved: _____ _____ % of work completed	
A. Subject: _____	Objective _____
B. Activities to be accomplished: _____ _____	
Teacher Signature: _____	
Grade Achieved: _____ _____ % of work completed	
A. Subject: _____	Objective _____
B. Activities to be accomplished: _____ _____	
Teacher Signature: _____	
Grade Achieved: _____ _____ % of work completed	
A. Subject: _____	Objective _____
B. Activities to be accomplished: _____ _____	
Teacher Signature: _____	
Grade Achieved: _____ _____ % of work completed	

(Representative sample of work from each subject area must be kept on file at school for auditing purposes. Work not turned in on the established due date earns no credit. Supervising teacher needs to initial and date work.)

The above activities meet the objectives of the course of study being taught in the classroom during this student's absence.

Principal's Signature: _____ **Dated:** _____

II. To be Completed by Parent(s) and Student:

- A. I understand that independent study provides a voluntary educational alternative for my child. I accept the responsibility for Student, _____ to complete the suggested curriculum activities. Assignments must be turned in on the day your child returns to school.

Parent(s) Signature: _____ Dated: _____

- B. Independent study is an optional educational alternative that I have voluntarily selected I will complete the work assigned by the teacher.

Student's Signature: _____ Dated: _____

- C. Teacher's Signature: _____ Dated: _____

**III. To be Completed by Teacher/Supervising Teacher:
(Work Not Turned In on the Date of Return Earns No Credit.)**

Beginning Date: _____

Date of Return: _____

Date Assignments Due: _____

_____ % of Total
Work Completed

Credit Number of Days
of Attendance: _____

Supervising Teacher Signature

Dated

IV. To be completed by Principal:

The above procedures met the criteria and requirements which are listed in **Board Policy #6158** and **Administrative Regulation #6158** for Independent Study.

[] **APPROVED**

Principal: _____

Date: _____

[] **NOT APPROVED
(No Credit Given)**

Principal: _____

Date: _____

Date Forwarded: _____

(To School Secretary: A copy of this form must be attached to the monthly attendance report and forwarded to the District Attendance Office for auditing purposes.)