

MORGAN HILL UNIFIED SCHOOL DISTRICT  
Agreement for Short Term Independent Study--Grades 9-12

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

B. Supervising 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: _____<br>_____ % of work completed |
| A. Subject: _____                       | Objective _____                                    |
| B. Activities to be accomplished: _____ |  |
| _____                                   |  |
| _____                                   |  |
| Teacher Signature: _____                | Grade Achieved: _____<br>_____ % of work completed |
| A. Subject: _____                       | Objective _____                                    |
| B. Activities to be accomplished: _____ |  |
| _____                                   |  |
| _____                                   |  |
| Teacher Signature: _____                | Grade Achieved: _____<br>_____ % of work completed |
| A. Subject: _____                       | Objective _____                                    |
| B. Activities to be accomplished: _____ |  |
| _____                                   |  |
| _____                                   |  |
| Teacher Signature: _____                | Grade Achieved: _____<br>_____ % of work completed |
| A. Subject: _____                       | Objective _____                                    |
| B. Activities to be accomplished: _____ |  |
| _____                                   |  |
| _____                                   |  |
| Teacher Signature: _____                | Grade Achieved: _____<br>_____ % 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/Asst. 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.

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: \_\_\_\_\_

**III. To be Completed by 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/Asst. 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/Asst. Principal: \_\_\_\_\_

Date: \_\_\_\_\_

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

Principal/Asst. Principal: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date Forwarded: \_\_\_\_\_