

**Folsom Cordova Unified School District**  
**SHORT TERM INDEPENDENT STUDY 9-12**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_  
 Duration: **5 day minimum – 15 day maximum** BEGIN Date \_\_\_\_\_ END Date \_\_\_\_\_

Work Product is due to the school: \_\_\_\_\_ (Teachers must sign and date work samples when received)  
*The work product (i.e. homework, assignment) is due on the next school day following the "END Date" from above)*

**INDEPENDENT STUDY AGREEMENT**  
*(Education code 51747)*

**Student**

- All completed work must be returned to the classroom teacher upon student's return to school.

**Parent/Guardian**

- I understand that short-term Independent Study is an optional educational alternative in which no pupil may be required to participate.
- I am responsible for the supervision of my child while he or she is completing the assignments necessary for evaluation.
- I am liable for the cost of replacement or repair for willfully damaged or destroyed books or other school property checked out to my son/daughter.

\_\_\_\_\_  
*Student Date Teacher Date*

\_\_\_\_\_  
*Parent/Guardian Date Principal Date*

**Assignment & Work Record**

Course Subject	Description of Assignment and Books/Materials
Math	
English	
Language Arts	
Science	
Social Studies	
Other	
Other	

**Manner & Method of Evaluation: (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Review and Grading of Assignments | <input type="checkbox"/> Written test      |
| <input type="checkbox"/> Demonstration of Skills           | <input type="checkbox"/> Oral presentation |
| <input type="checkbox"/> Other _____                       |  |

Attendance Credit: \_\_\_\_\_ days (round down to "whole" days)

Comments: \_\_\_\_\_

*Supervising teacher's signature* \_\_\_\_\_ *Date* \_\_\_\_\_