

Folsom Cordova Unified School District
SHORT TERM INDEPENDENT STUDY K-12

Name _____ School _____ Grade _____

Address _____ Phone _____

Duration: 3 days minimum – 14 days maximum per school year Parent accept initial: _____

BEGIN Date _____ END Date (Return to School): _____

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 to the school on the return date above.

INDEPENDENT STUDY AGREEMENT
(Education code 51747)

Student

- All completed work must be returned to the classroom teacher by the return date specified above.

Parent/Guardian

- Independent Study is not available the first two weeks of school or the last two weeks of school. Students who fail to report back by the third day of instruction may be disenrolled. If space is no longer available, the student will be overflowed to another neighboring school or at the secondary level the student may lose their spot in a high demand class.
- 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

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)

- ☐ Review and Grading of Assignments
☐ Demonstration of Skills
☐ Other _____

- ☐ Written test
☐ Oral presentation

Attendance Credit: _____ days (round down to “whole” days)

Comments: _____

Supervising teacher's signature _____ Date _____