TORRANCE UNIFIED SCHOOL DISTRICT INDEPENDENT STUDY MASTER AGREEMENT

Student Name:	Student SSID #:		Grade:	
Address:	Birthdate:		Age:	
City: Harbor City	Zip Code:			
Parent/Guardian/Caregiver Name:		Phone Number:		
Email Address:		Alternate Phone Number:		
District-Issued Device (Y/N):	District-Assisted Internet Access (Y/N):			
School of Enrollment/Program Placement: Torrance Elementary / Dual Immersion				
Duration of Agreement (not to exceed one school year).	Beginning Date: Ending D		Date:	

Pre-enrollment Conference (if requested): Date: _____ Time: _____ Place: _____

Objectives, Methods of Study, Methods of Evaluation, and Resources: We understand that the student is to complete the subjects/courses listed below, and that subject/course objectives reflect the curriculum adopted by the district's governing board and are consistent with district standards, as outlined in the district's subject/course descriptions. The teacher or teachers will evaluate submitted work and assign a letter grade or credit.

Subject/Course	Assignment/Objective/Resources	Teacher	Credits Attempted	Grade/ Credits Earned

Reporting: We understand that students are required to report to their teacher(s) as scheduled. Manner

of Reporting: _____ Prequency: _____ Day:

_____ Time: _____ Place: _____

Assignments: We understand that, according to district policy, the maximum length of time allowed between the assignment and the date the assignment is due is one week. After three weeks of missed assignments, an evaluation will be made to determine whether Independent Study is an appropriate strategy for this student.

Academic Progress: We understand that teachers are required to report and communicate the student's academic progress. If the student falls below the level of satisfactory educational progress noted below, an evaluation will be conducted to determine whether the student should remain in Independent Study or return to the regular school program.

Manner of Reporting: Formal and informal Time: Varies Frequency: Weekly Place: Virtual Platform

Manner of Communicating: <u>Telephone, Email, Video Conference</u> Time: <u>Varies</u> Frequency: <u>Weekly</u> Place: <u>Virtual Platform</u>

Level of Satisfactory Educational Progress: For elementary students, adequate progress to meet grade levelstandards.For secondary students, passing grades aligned with course and grade level expectations.

Academic and Other Supports: We understand that support will be provided to meet the academic or other needs of this student as noted below.

Need/Concern	Support/Resources Provided	Responsible Person(s)
Academic		
English Language Development		
Individualized Education Program		
504 Plan		
Foster/Homeless		
Social-Emotional/Mental Health		
Other		

Voluntary Statement: We understand that Independent Study is an optional educational alternative that students voluntarily select, including students covered under California Education Code sections 48915 and 48917. All students who choose Independent Study must be offered the alternative of classroom instruction, and they must have the continuing option of returning to the classroom.

Quality and Quantity; Rights and Privileges; Resources and Services: The Independent Study option is to be substantially equivalent in quality and quantity to classroom instruction. Students who choose to engage in Independent Study are to have equality of rights and privileges with the same access to existing services and resources as students in the regular school program.

Signatures and Dates: We have read and understand the terms of this agreement and agree to all the provisions (electronic signatures are acceptable).

Student:	Date:
Parent/Guardian/Caregiver:	Date:
Supervising Teacher:	Date:
Other Responsible Person(s):	Date:
	Date:
	Date:

This agreement is for the 2023-24 school year only. Short term contracts (under 14 school days) must be signed by all parties within 10 school days of the start of the contract period. Long term contracts (15 or more school days) must be signed by all parties prior to the start of the contract period. Linked Documents: <u>BP 6158</u> <u>AR 6158</u>