



Maxwell Unified School District

P. O. Box 788 / 515 Oak St., Maxwell, CA 95955

Phone (530) 438-2052 Fax (530) 438-2693

Summer Shadley, Superintendent

INDEPENDENT STUDY AGREEMENT BETWEEN THE PARENTS AND MAXWELL UNIFIED

We the parents of _____ understand and agree that Maxwell Unified cannot guarantee that your son/daughter will receive full credits for the time of their absence on Independent Study. We also understand that by taking your son/daughter out of school for this length of time the school district cannot guarantee his/her graduation from high school. Any school work not turned into the teacher on his/her first day back at school cannot be made up, and the grade points in that subject area will be lost. Furthermore, if work assigned is not completed the student will be referred to the School Attendance Review Board.

Parent Signature

Date

School Representative

Date

Maxwell Unified School District Agreement for Independent Study

Minimum of 1 days, Maximum of 15 days for short term independent study.

Maxwell Elementary ☐

Maxwell Middle ☐

Maxwell High ☐

Short-Term ☐

Long-Term ☐

Course-Based ☐

Reason: Emergency ☐ Medical ☐ Vacation ☐ Other ☐

Describe Reason:

Name:

Student Number:

Grade:

Age:

Date of Birth:

Iep: Yes ☐ No ☐

Address:

City:

Zip:

Number of Days Annually

Entry Date:

Exit Date:

Agreement: We have read both sides of this agreement and hereby agree to all the conditions set forth Annually: within.

Students

Signature: _____

Date: _____

Parent/Guardian

Signature: _____

Date: _____

Counselor

Signature: _____

Date: _____

Principal/Superintendent

Signature: _____

Date: _____

Special Education: _____

Date: _____

As outlined in the Maxwell Unified School District course description. All course objectives will be consistent with the established district guidelines. Assignment and work-record forms will include additional descriptions of the major objectives and activities of the course of study covered by the agreement. It is understood that:

- The purpose of this agreement is to enable the student to successfully reach the objectives and complete the assignment identified in the assignment and work-record forms that will be part of this agreement.
- According to district policy for independent study in grades TK through twelve, no more than 1 week may elapse between the date an assignment is made by the teacher and the date it is due, unless an exception is made in accordance with district policy.
- The Maxwell Unified School District will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- The student agrees to meet with or report to the teacher regularly, in accordance with the frequency, date, time and location specified in the course contract or the assignment and work-record form.
- Longterm: The Student will meet with the teacher on: _____
- Student can receive synchronous instruction: _____

(15 days or more) For students in grades transitional kindergarten, kindergarten, and grades 1 to 3, opportunities for daily synchronous instruction. For students in grades 4-8, opportunities for both daily live interaction and at least weekly synchronous instruction, For students in grades 9-12, opportunities for at least weekly synchronous instruction.

Maxwell Unified Master Agreement

Student's Name: _____

I understand that:

- Independent Study is an optional education alternative that I have voluntarily selected.
- By entering Maxwell High School, I have not waived any right as a student, and I am entitled to all Maxwell Unified School District services and resources.
- If I am a student with an individualized education program (IEP), my IEP must specifically provide for my enrollment in Independent Study.
- I must follow all the discipline code and behavior guidelines of the Maxwell Unified School District.
Any violation of these guidelines or failure to meet school/district requirements could result in dismissal from Maxwell High School.
- Visitation on any other school campus requires permission from that school.
- If I achieve only minimum study requirements, I will complete the equivalent of only one semester course a month, or a minimum of 25 credits a semester. A regular high school program is 30 credits a semester.

I agree to:

- Be supervised by _____ and/or other approved resource person.
- Meet regularly with the assigned staff member. I understand that failure to complete assignments will result in an evaluation to determine if I should remain in independent study and may also result in one or more of the following:

A letter of concern to me and my parent, if appropriate

- A specially scheduled appointment
- A special meeting with the teacher and/or counselor
- A meeting with the administrator, including my parent or guardian, if appropriate
- Placement on probation
- Increase in the amount of time I must be on campus or in an equivalent supervised situation
- Revocation of any work permit issued until my school work is satisfactorily completed
- Termination of the agreement and my return to a regular classroom program of instruction or other appropriate alternative
- Meet weekly with the Outside Work Experience (OWE) coordinator if I am enrolled in work experience.
- Obtain transportation to scheduled meetings.

I understand the lack of transportation to the school site is not an acceptable reason for failing to meet with my teacher and/or supervisor to submit my completed assignments.

- Complete my assigned work and achieve at least the minimum performance requirements of the course of study. I understand that credit, which is based on mastery of learning, can only be issued after I have successfully completed an activity and it has been evaluated. I realize that a minimum of _____ hours of work is needed for each unit of credit.

Student's Signature: _____

Date: _____

Parent/Guardian Name: _____

I understand that the major objective of Independent study is to provide a voluntary educational alternative for my son or daughter.

I agree to the above conditions listed under "Student." I also understand that:

- Individual course objectives are consistent with and evaluated in the same manner that they would be if he or she were enrolled in a traditional school program.
- I am liable for the cost of replacement or repair for willfully damaged or destroyed books and other school property checked out to my son or daughter.
- Unless otherwise indicated, a teacher or supervisor will meet with my son or daughter on a regular basis to direct and measure progress. The time and location of meeting with the teacher or supervisor will be determined by the teacher or supervisor in consultation with my son or daughter.
- I am expected to encourage him or her to do more than the minimum study requirements and be involved in an Outside Work Experience (OWE), a Regional Occupational Program (ROP), community volunteer work, or a directed project.
- I have the right appeal any decision about my son's or daughter's placement, school, program, or transfer according to the school district's procedures.

Parent's/ Guardian's signature: _____

Date: _____

Maxwell Unified School District

Independent Study Engagement / Communication Log

15 School Days or More RE-Engagement Tracker:

Student Name: _____ Date: _____

Perm ID: _____

Grade: _____

Teacher: _____

15 school days or more Re-Engagement Strategies used:

☐ Home Visit: _____

☐ Parent Meeting:_____

☐ Other: _____

☐ Other: _____

Date of Contact _____ to _____

Communication Log (add additional sheets as needed):

Date	Engagement/ Communication type	Comments

Maxwell Unified School District
Course Based Independent Study

Duration: _____

[illegible]