

# Caliente Union School District

12400 CALIENTE CREEK ROAD  
CALIENTE, CA 93518  
661 867-2301  
Fax: 661 867-6902  
www.calienteschooldistrict.org

## INDEPENDENT STUDY CONTRACT / AGREEMENT

**Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date**    /    /

**Teacher** \_\_\_\_\_

The State of California Education Code (B.C.), Sections 51745 to 51747.5 provides for community-based independent study programs for school districts and parents. The Caliente Union School District Independent Study Program is an alternative to classroom instruction, consistent with Caliente Union School District's course of study, which allows students to earn attendance credit through supervised ongoing instructional activities upon which are agreed to in advance by the school, parents and student. Students in Independent Study have access to the same services and resources as are available to other students in their school.

**DURATION OF AGREEMENT (E.C. 51747):** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**MAXIMUM AMOUNT OF TIME ALLOWED FOR COMPLETION OF INDEPENDENT STUDY COURSE ASSIGNMENTS (E.C. 51747):** \_\_\_\_\_

**NUMBER OF ASSIGNMENTS WHICH MAY BE MISSED BEFORE MANDATORY REEVALUATION OF THE CONTRACT AND THE STUDENT'S ABILITY TO BE SUCCESSFUL IN THE PROGRAM (E.C. 51747):** \_\_\_\_\_

### APPROPRIATE ELEMENTARY SCHOOL INDEPENDENT STUDY ACTIVITIES:

Field Experiences     Library Research     Special Projects     Related Reading     Special Exhibits  
 Museum Visits     Personal Interviews     Zoos, Aquaria     Completion of Regular Assignments  
 Visits to Private Corporations/Businesses     Visits to Government Facilities, Court Houses, Legislature, Schools  
 Other (specify) \_\_\_\_\_

\*To receive credit for the above checked activities, the student must give a summary/description, in writing, of each activity.

**ASSIGNMENTS TO BE COMPLETED:** \_\_\_\_\_

**Language Arts** \_\_\_\_\_

**Math** \_\_\_\_\_

**History** \_\_\_\_\_

**Spelling** \_\_\_\_\_

**P.E.** \_\_\_\_\_

**Science** \_\_\_\_\_

**METHOD OF EVALUATION WILL BE THE COMPLETION OF ASSIGNED WORK.**

**FINAL EVALUATION: DUE DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be evaluated by classroom teacher.**

**FINAL COMPLETION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**AGREEMENT:** We have read the terms of this contract and agree to all conditions as listed. We also understand that Independent study is voluntary as provided for by the California Education Code.

**SIGNATURES:**

Student	Date	Phone
Parent/Guardian	Date	Phone
Teacher	Date	Phone
Supervisor of Activity	Date	Phone
Principal	Date	