



NEW VILLAGE GIRLS ACADEMY

reimagine what's possible

Independent Study WRITTEN AGREEMENT 2021-2022

Student Name:	Student ID #:	Grade:
Address:	Birthdate:	Age:
City:	Zip Code:	
Parent/Guardian/Caregiver Name:		Phone Number:
Email Address:		Alternate Phone Number:
District-Issued Device (Y/N):	District-Issued Hotspot (Y/ N):	
Duration of Agreement (not to exceed one school year):	Beginning Date:	Ending Date:

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: _____ Frequency: _____

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 _____. After _____ 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: _____ Time: _____ Frequency: _____ Place: _____

Manner of Communicating: _____ Time: _____ Frequency: _____ Place: _____

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	Independent Study Teacher	Jacqueline Benitez
English Language Development	English language support	Katie McMahan
Exceptional Needs/504 Plan	Support with special education services	Christa Hollis
Foster/Homeless	Support with community resources	Kyle Denman
Social-Emotional/Mental Health	Support with access to mental health support	Veronica Yanagisawa
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.

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

	Date:
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This agreement must be signed by all parties before the beginning date of Independent Study (for 2021-2022 only, no later than 30 days after the first day of instruction).