

# Los Angeles Leadership Academy Master Agreement for Independent Study

**Student Name:**  
**Student Number:**  
**Address:**  
**City/Location:**  
**Phone Number:**  
**DOB:**

**Agreement Duration:**  
**Beginning Date:**  
**End Date:**  
**Year:**  
**Grade Level:**  
**2<sup>nd</sup> Phone Number:**

**Program Placement: Short-Term Independent Study**

**Students are required to report to their teacher as follows to submit work and report progress:**

**Manner of Reporting:**  One-on-one  Small Group  E-mail  Fax.

**Time:** \_\_\_\_\_.

**Frequency:** \_\_\_\_\_.

**Place of Meeting:** \_\_\_\_\_.

At the time designated above, all assigned educational activities will be submitted to the assigned supervising teacher. The teacher will evaluate the educational activities, review the Student's documentation of daily engagement on assigned educational activities on school days and determine the percentage of completion, for purposes of credit for missed classroom assignments and average daily attendance ("ADA") reporting. The classroom teacher will sign and date each educational activity to verify the evaluation of the Student's work and the proper implementation and fulfillment of this Agreement. Independent study documents will be given to the Attendance Officer for complete documentation as required by law.

**Method of Study:** Methods of study for the student will include but are not limited to:  Independent Reading  Textbook Activities  Problem Solving  Study Projects  Drill & Practice  Experiential Learning  Computerized Curriculum  Web/Internet Research  Library Research  Field Trips  Learning Center Courses  Other \_\_\_\_\_.

**Method of Evaluation:** Methods of evaluation include but are not limited to:  Teacher-made Tests  Student Conferences  Progress/Report Cards  Chapter/Unit Tests  Work Samples  Observations  Portfolios  State Standards Testing  CA High School Exit Exams  Learning Journals  Presentations  Quizzes  Labs  Finals  Other \_\_\_\_\_.

**Resources:** The school will provide appropriate instructional materials and personnel to enable the student to complete the assigned work. Resources must include those reasonably necessary to the achievement of the objectives and must include resources that are normally available to all students on the same terms as the terms on which they are available to all.

**Board Policies:**

(a) For pupils in all grade levels offered by the School, the maximum length of assignment is twenty (20) school days.

(b) When any pupil misses fifty percent (50%) or more of the assigned work, the classroom teacher(s), administrative staff, and Attendance Officer shall conduct an evaluation to determine whether it is in the best interests of the pupil to remain in independent study. A written record of the findings of any evaluation conducted pursuant to this policy shall be treated as a mandatory interim pupil record. This record shall be maintained for a period of three years from the date of the evaluation and if the pupil transfers to another California public school, the record shall be forwarded to that school.

**Objectives:** The student will complete work in the courses listed below. All course objectives will be consistent with the established charter school’s board policy and are consistent with charter school and State standards.

**Course Credits or Other Measures of Academic Achievement:**

Subject	Credits/ Other Measures of Academic Achievement

**Voluntary Statement:** It is understood that independent study is an optional educational alternative in which no pupil may be required to participate. In the case of a pupil who is referred or assigned to any school, class or program pursuant to Education Code Section 48915 or 48917, instruction may be provided to the pupil through independent study only if the pupil is offered the alternative of classroom instruction.

**Signatures and Dates:**

I have read and I understand the terms of this agreement, and agree to all provisions set forth.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Other Person Who Has Direct Responsibility for Providing Assistance to the Pupil: \_\_\_\_\_ Date: \_\_\_\_\_

Other Person Who Has Direct Responsibility for Providing Assistance to the Pupil: \_\_\_\_\_ Date: \_\_\_\_\_

Other Person Who Has Direct Responsibility for Providing Assistance to the Pupil: \_\_\_\_\_ Date: \_\_\_\_\_