

**LAKE COUNTY OFFICE OF EDUCATION
INDEPENDENT STUDY PROGRAM MASTER AGREEMENT
FALL SEMESTER 2011-12**

Student Name:	Student #:	Parent Name:
Physical Street Address:	Age:	Birth Date:
City:	Zip Code:	Home Phone #:
Mailing Address:	Cell Phone #:	Work Phone #:
City:	Zip Code:	Student Goal (Circle One):
School of Enrollment:	Grade Level:	Diploma Credit Make-up
Duration of Agreement:	Beginning Date:	GED CHSPE
		End Date:

Purpose:

It is understood that:

- The purpose of this agreement is to enable the student to successfully reach the objectives and complete the assignments identified in the Assignment and work-Record Forms that will be a part of this agreement.
- The Lake County Office of Education 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 supervising teacher regularly, in accordance with the frequency, date, time, and location specified in the course contract or the Assignment and Work-Record Form.

Objectives, Methods of Study, Methods of Evaluation:

The student is to complete the subjects/courses listed below. 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 course descriptions. The specific objectives, methods of study, methods of evaluation, and resources for each assignment covered by this agreement will be described in the Assignment and Work Record Form, which becomes a part of this agreement. Any subsidiary agreement(s) are also a part of this agreement.

Subjects/Courses Enrolled:

Subjects/Courses	Course Value/Credits	Subjects/Courses	Course Value/Credits

Additional classes: If the student satisfactorily completes all of the above subjects/courses before the ending date of the agreement, one or more subjects/courses may be added to the agreement if the agreement is re-signed and are dated by the teacher and the student.

Resources

The specific resources, including materials and personnel, that will be made available to the pupil shall be as follows (and as further stated in the Assignment and Work Record Forms):

Reporting:

Students are required to report to their supervising teacher as scheduled. The manner, time, frequency, and place for submitting a pupil's assignments and for reporting his or her progress shall be all follows:

Manner of Reporting: _____

Time: _____ Day: _____ Frequency: _____ Place: _____

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Assignments:

According to LCOE policy for all grades, the maximum length of time allowed between the assignment and the date the assignment is due is four (4) weeks, with no exceptions. After three (3) absences or failure to complete at least 80% of assigned work on time, an evaluation will be made to determine if independent study is an appropriate strategy for this student. The results of the evaluation will be in writing and attached to the student's files as required by law.

Voluntary Statement:

Independent Study is an optional educational alternative that students voluntarily select, including expelled students (EC48915) and/or students whose expulsions have been suspended (EC48917). All students who choose independent study are offered the alternative of classroom instruction, and have the continuing option of returning to the classroom at any time.

Equitable Provision of Resources and Services:

The independent study option is equivalent in quality and quantity to classroom instruction. Students who choose to engage in independent study maintain the equality of rights and privileges of student in the regular school program.

Independent Study Agreement Shall be Maintained on File

The current Independent Study Agreement, including all additions, attachments, Assignment and Work Record Forms, and subsidiary agreements, shall be deemed one Independent Study Agreement, and shall be maintained on file by the Independent Study program.

EXECUTED AND AGREED TO PRIOR TO THE COMMENCEMENT OF INDEPENDENT STUDY.

Signatures and Dates:

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

Student:	_____	Date:	_____
Parent/Guardian/Caregiver:	_____	Date:	_____
Supervising Teacher:	_____	Date:	_____
Other	_____	Date:	_____

(All persons who have direct responsibility for providing assistance to the pupil)

**LAKE COUNTY OFFICE OF EDUCATION
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FALL SEMESTER 2011-12**

As Parent/Guardian of: _____, I understand that:

- The major objective of Independent Study is to provide a voluntary educational alternative for my son/daughter for the duration of one semester.
- The typical student is required to meet with the Independent Study teacher for a minimum of 1 hour per week plus additional hours may be required in the Program's Resource Room. A minimum program is 30 periods of schoolwork per week. Twelve (12) periods of successful work equal 1 credit, unless an academic or contracted course is assigned which follows individual teacher course requirements. The duration of any one assignment will not exceed 4 weeks. The student is expected to work on assignments for a minimum of 6 periods/hours per day. As per Board policy, after 3 student absences or failure to complete at least 80% of assigned work on time will initiate a review for appropriateness of continued student placement in the program. As a result of the review, this agreement may be terminated at the schools discretion. The duration of this agreement shall not exceed the last day of the current semester (semester dates are stipulated in the heading above).
- Individual course objectives are consistent with, and evaluated in the same manner that they would be if my student were enrolled in a traditional school program. The student may add or drop courses as necessary during the semester.
- Lake County Office of Education requires that students participate in all state and local testing. You will be notified of times and dates, and must assure your student's participation.
- **I am liable for the cost of replacement**, or repair, of damaged or lost books and other materials that are checked out to my son/daughter.
- Unless otherwise indicated, a teacher will meet with my student on a regular basis to direct and measure progress. The teacher in consultation with my son/daughter will determine the time and location of meetings.
- It is my responsibility to provide transportation to the school site for my son/daughter. In order for my student to complete high school consistent with the traditional high school, I need to encourage my student to do more than the minimum study requirements. I have the right to appeal any decision about my son/daughter's placement, school program or transfer according to the Independent Study Program's procedures.
- **I am responsible for providing supervision** of my son/daughter during normal school hours, 8:00 a.m. – 3:00 p.m.). My student is to remain home during these hours, and that schoolwork is to be completed at home.
- My student may not be employed 8:00 a.m. – 3:00 p.m., Monday through Friday.
- My son/daughter is not allowed to visit the campus of another school during normal school hours without the permission of that school's administration.
- I have the right to appeal any decision about my student's placement, school program, or transfer according to the district's procedures.

I also understand and agree to the conditions listed on the "Student" Master Agreement.

EXECUTED AND AGREED TO PRIOR TO THE COMMENCEMENT OF INDEPENDENT STUDY.

Parent/Guardian Signature: _____ Date: _____

**LAKE COUNTY OFFICE OF EDUCATION
INDEPENDENT STUDY PROGRAM MASTER AGREEMENT
FALL SEMESTER 2011-12**

I, _____ (student), understand that:

- Independent Study is an education alternative that I have voluntarily selected for the duration of one semester. By enrolling in this Program, I have not waived any rights as a student, and I am entitled to all services and resources provided by Lake County Office of Education.
- If I am a student with an Individualized Education Plan (I.E.P.), my I.E.P. must specifically provide for my enrollment in Independent Study and Support Services must be provided at the school site.
- Failure to follow the discipline and behavior guidelines established by this District may result in dismissal from the Independent Study Program.
- I will not be allowed to visit the campus of another school during normal school hours without the permission of that school's administration.

I agree to:

- Be supervised by an Independent Study Teacher or other approved resource personnel.
- Meet regularly with the assigned Independent Study teacher or supervisor. The frequency, date, time and location will be determined by my work assignments.
- Participate in all state and local testing. It is my responsibility to arrive on time and complete all required testing.
- I will meet one-on-one with a teacher as assigned. If I am not able to attend a meeting due to unforeseen circumstances I will drop-off all completed work prior to my scheduled appointment.
- To promptly reschedule any appointment missed due to an emergency and that failure to report to an appointment and/or failure to submit evidence of completed assignments can result in one or more of the following:
 1. A letter of concern to student and parent, if appropriate
 2. A scheduled teacher/parent/student appointment
 3. A special meeting with the teacher, counselor or principal
 4. An increased number of hours that the student must be in the Independent Study Center
 5. Revocation of a work permit until school productivity is considered satisfactory by the teacher
 6. Termination of the agreement and placement into another educational program
- Be responsible for my own transportation and understand that lack of transportation is not an acceptable reason for failing to meet during the assigned time.
- Remain home during normal school hours (8:00 a.m. – 3:00 p.m.) under the supervision of parent/guardian and complete my assigned work at home 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 12 hours** of work is **needed for each unit of credit** unless otherwise contracted with the teacher.

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Student Signature: _____ Date: _____

**LAKE COUNTY OFFICE OF EDUCATION
INDEPENDENT STUDY PROGRAM MASTER AGREEMENT
SPRING SEMESTER 2011-12**

Student Name:	Student #:	Parent Name:
Physical Street Address:	Age:	Birth Date:
City:	Zip Code:	Home Phone #:
Mailing Address:	Cell Phone #:	Work Phone #:
City:	Zip Code:	Student Goal (Circle One):
School of Enrollment:	Grade Level:	Diploma Credit Make-up
Duration of Agreement:	Beginning Date:	GED CHSPE
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Parent/Guardian Signature: _____ Date: _____

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I, _____ (student), understand that:

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- Failure to follow the discipline and behavior guidelines established by this District may result in dismissal from the Independent Study Program.
- I will not be allowed to visit the campus of another school during normal school hours without the permission of that school's administration.

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