

**Tustin Unified School District
Tustin Connect Agreement for Independent Study**

Student Name:	Birth Date:	ID:	Grade:
Address:	Parent Email:		
City:	Zip Code:	Primary Phone: ()	
School of Enrollment/Placement: Tustin Connect	Parent Cell: ()		
Duration of Agreement:	Beginning Date:	Ending Date:	

OBJECTIVES, METHODS OF STUDY, METHODS OF EVALUATION, AND RESOURCES:

- The major educational objectives is for the student to successfully complete the subjects/courses listed below and to keep current with grade levels studies.
- Subject/course objectives reflect the curriculum adopted by the Tustin Unified School District’s governing board and are consistent with District school standards, as outlined in the District’s school subject/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 Sheets, Assignment Evaluation Form, and Course Outlines, which are part of this Agreement.
- Any subsidiary agreement(s) are also part of this Agreement.

If, at any time, it is the judgment of either the parent or the teacher/advisor that significant progress is not being made toward the mutually agreed-upon objectives, the student will be referred to a more appropriate program.

SUBJECTS/COURSES ENROLLED:

Subject/Courses	Course Value/Credits	Subject/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 re-dated by the teacher and the student.

REPORTING: Students are required to report to their teacher as scheduled below. Parents/guardians must also communicate with their student’s teacher(s) regularly, with the frequency and manner being determined by the teacher based on the student’s progress and needs. More frequent contact with a student’s teacher may be required to support student success.

- Frequency:** Every Week Every 2 Weeks •**Time/Day:** Varies Other _____
 •**Place & Manner of Reporting:** Face-to-face Appointment Online Lab & Classroom

ASSIGNMENTS: According to District policy, the maximum length of time allowed between the assignment and the due date is **4** weeks. Exceptions are appropriate only in accordance with District policy. Failure to complete **3** independent study assignments will result in an evaluation to determine if a student should remain in Independent Study.

VOLUNTARY STATEMENT: Independent Study is an optional educational alternative that students voluntarily select. 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.

EQUITABLE PROVISION OF 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 students in the regular school program.

**Tustin Unified School District
Tustin Connect Agreement for Independent Study**

Student:

I understand that:

- Independent Study is an optional educational alternative that I have voluntarily selected. I have the continuing option of returning to the classroom.
- By entering Independent Study I have not waived any rights as a student, and I am entitled to all Tustin Unified School District services and resources.
- I must follow all discipline code and behavior guidelines of the Tustin Unified School District. Any violations of these guidelines or failures to meet school/District requirements could result in a termination of this agreement and dismissal from Independent Study.

I agree to:

- Be supervised by my teacher and/or other approved resource personnel.
- Report to my teacher(s) regularly, in accordance with the frequency, date, time, and location specified in this Master Agreement.
- Complete my assigned work by its due date, as explained by my teacher and described in my assignment sheets. Failure to complete the assignments by the due date will result in an evaluation to determine if I should remain in Independent Study and may result in one or more of the following:
 1. A letter of concern to me and my parent, guardian, or caregiver, if appropriate.
 2. A meeting with the teacher and/or counselor.
 3. A scheduled appointment with the administrator, including my parent, guardian, or caregiver, if appropriate.
 4. Revocation of any work permit issued until my school work is satisfactorily completed.
 5. Termination of this agreement and my return to a regular classroom program of instruction or other appropriate alternative.

Parent/Guardian/Caregiver:

I understand 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" and I also agree:

- Learning and 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 responsible for supervising my child while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation.
- If my child has an individualized education program (IEP), the IEP must specifically provide for his or her enrollment in Independent Study.
- I am liable for the cost of replacement or repair for lost, damaged or destroyed devices, books, and other school property checked out to my son or daughter.
- I will attend all scheduled meetings and bring my child to all scheduled tests, including district and state tests.
- I will check my email and my child's online accounts a minimum of once a week to maintain ongoing communication regarding curriculum, testing, and other school information.

Agreement: We have read the above and hereby agree to all terms and conditions set forth within.

SIGNATURES AND DATES:

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

Student: _____ Date: _____

Parent/Guardian/Caregiver: _____ Date: _____

Supervising Teacher: _____ Date: _____

Other Assisting Person(s): _____ Date: _____

Other Assisting Person(s): _____ Date: _____

Other Assisting Person(s): _____ Date: _____

Other Assisting Person(s): _____ Date: _____