## MADERA UNIFIED SCHOOL DISTRICT SHORT TERM INDEPENDENT STUDY MASTER AGREEMENT

Student Name:			Student ID #:		Grade:	
Parent/Guardia	an Name:					
Email:						
School:						
Duration of Ag	reement:	_ School Year	Start Date:		End Da	ate:
or completing the	coursework listed b	n independent study elow. tunity to meet Californ				•
		dopted by the MUSD G			<b>J</b>	<b>-</b>
alue. In the case of tudents may create in audio or video resulting from the inocumentation.  Methods of Evaluates signments selected eturn.  Grading Expectation	f lectures, videos, sime notes, write summar cording, or complete struction to be counted tion: May include, but and by the teacher. Find the context of the	Students must create ulcasting, and other mies of what they learned the related assignment. The time value of a stare not limited to, contains are to be arranged work and assign a gra Grades will be entered	ethods that do not be do n	ot lend themselvent lend themselvent the time value and be ascertain and the projects, with the teacher and later than one of the projects and the teacher and the later than one of the projects and the teacher and the later than one of the projects and the later than one of the later	res to a tare ated to the of a studer ed by the tand/or othe within 5 sc	instruction, produce nt's effort during or teacher's er alternative shool days of their
Subject(s)	Assignment(s)			Instructional Material(s)		Time Value of Assignment
	i					

## MADERA UNIFIED SCHOOL DISTRICT

SHORT TERMINDEPENDENT STUDY MASTER A	GREEWENT					
<b>Equitable Provision of Resources and Services:</b> The Independent Study option is quality and quantity to classroom instruction. Students who are placed in Independer rights and privileges with the same access to existing services and resources as students.	nt Study are to have equa	ality of				
Students will have access to necessary technology including a Chromebook. These providing access to all pupils to the connectivity and devices adequate to participate complete the assigned work.						
<b>Academic and Other Supports:</b> Support will be provided to meet the academic or conclude but is not limited to: academic support, English language development, excepeducation program (I.E.P.), foster/homeless, social-emotional/mental health or other	ptional needs/504 Plan, i					
STUDENT						
I understand that:						
<ul> <li>I must complete my assignments or equivalent assignments by the end of the contract dated</li> <li>I understand that a grade or credit for my submitted work can only be issued after I have completed my assignments and it has been evaluated.</li> <li>I also understand that failure to complete and turn-in my assignments could have a negative impact on my grade(s).</li> </ul>						
Student Initials:						
PARENT/GUARDIAN						
<ul><li>I agree that:</li><li>I agree to the above conditions listed under STUDENT</li></ul>						
I understand that:						
Short Term Independent Study is to provide my child with an educational alternative.						
Parent/Guardian Initials:						
AGREEMENT: We have read and understand the terms of this agreement, and agr	ree to all the provisions	<u>.                                    </u>				
Student:	Date:					
Parent/Guardian:	Date:					
Administrator:	Date:					
Teacher:	Date:					

Date:

Rev. 9/16/24 rd/sr SB153

**SPED Teacher (Optional):**