



Master Agreement for Temporary Independent Study

Student Name _____ Grade _____ Age _____ Birth Date _____

Address _____ City _____ Zip Code _____

Phone _____

Entry Date:

Exit Date:

Objective: The student will complete assignments for selected courses from the list below as they are assigned by his/her Bella Mente Teacher. This agreement is to enable the student to successfully reach the objectives and complete the assignments identified in the Temporary Home Study Assignment Form that will be a part of this agreement. **The completed assignments and the Assignment Form will be given to the teacher on the first day the student returns to school.**

Methods of study will be hands-on activities and projects, textbooks, field trips, manipulatives, videos, and others listed on the Assignment Form that are developmentally appropriate to the student's understanding. The student will be provided with a teacher, textbooks, library books, manipulatives, videos, computer programs and other resources appropriate for successful completion of the assignments. All certificated Bella Mente staff is available for appointments to help a student.

This student will participate in Independent Study for _____ days.

Subjects included in agreement (Circle all that apply):

Science

Math

Language Arts

Social Studies

P.E

Assignments: Assignments must be completed unless changes are arranged with the teacher.

Voluntary Statement: Participating in the Bella Mente School Program, which may include some independent study, is a continuously voluntary educational alternative. In the case of a pupil who is referred or assigned pursuant to Education Code 48915 or 48917, an alternative classroom has been offered and is available at all times.

Reporting Time: We, the parent and teacher, agree to meet in person or by phone. The student will meet as requested.

Frequency: As Needed

Time: After School

Place: Classroom

Agreement: We have read the terms of this agreement and agree to all the conditions set forth.

Student: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Supervising Teacher: _____ **Date:** _____

Certification is on Assignment Form



Temporary Independent Study Assignment Form

Student's Name _____ Class _____ Month _____

This assignment form is in addition to the Master Agreement. Assignment begins on the first home school day of the month and must be completed by the last day of the month. Turn in this form with completed assignments at your child's classroom as requested or no later than the first day school of the following month.

Projected independent study days: _____ Teacher signature _____ Date _____

I certify that the work listed below was completed by my child on the home study days checked below.

Fill in dates for each day during this temporary independent study period. If just one day, fill in just that date.

Date	Date	Date	Date	Date
Date	Date	Date	Date	Date

Parent Signature _____ Date form turned in: _____

Assignments:

Work Completed:

Teacher Certification

My signature and date on the work product are evidence that I, as the assigned supervising teacher, have personally evaluated the pupil's work for both academic and apportionment credit.

_____ Independent Study Days credit earned.

Worked assessed as: excellent satisfactory poor

Teacher Signature _____ Date _____

*The School work attached represents one day's independent study attendance credit.