**Innovations Academy Independent Study**

**Master Agreement**

Student: Birth Date: Grade:

IA Teacher: Program: 2-day 3-day

Semester: Fall 2014 - 2015 Start / End Dates: 09/01/2014 – 02/01/2015

We, the undersigned, voluntarily agree to the following terms and conditions of this Independent Study Agreement:

**Assignments:**

All work assigned in relation to this Independent Study Agreement is detailed in the Student Learning Plan created at the beginning of the year and updated as necessary throughout the year. The assignments shall be completed and turned into the assigning facilitator at Innovations Academy, 10380 Spring Canyon Road, San Diego CA, 92131.

**Family Meetings:**

Each family will meet with their assigned facilitator a minimum of three times per year to create a Student Learning Plan and measure the progress made towards the student’s learning goals. Additional meetings will be held if requested by the family or deemed necessary by the facilitator.

**Objectives:**

Learning objectives are based on the California Common Core State Standards and in collaboration with students and their families.  These standards can be found at <http://www.cde.ca.gov/re/cc/>.  A hard copy will be furnished to families upon request.  A hard copy will be furnished to families on request.

**Methods of Study:**

Methods of study for this student will include:

reading writing experiential learning opportunities

projects hands-on activities experimentation

internet activities problem solving research

workshops other methods as noted below

**Resources:**

The school will provide appropriate services and resources to enable students to complete the assigned work in accordance with Education Code Section 51746. Specific resources to be made available include:

textbooks internet activities experiential opportunities

workbooks resource library family meetings

2-day class option 3-day class option workshops

other methods noted below

**Methods of Evaluation:**

Student work will be evaluated using the following methods:

tests observations  portfolios

student conferences work samples Presentations of Learning

Learning Exhibitions Reflections/Observing for Learning other methods noted below

**Our signatures below indicate that we voluntarily participate in the establishment of this agreement and that we understand and accept our responsibilities in relation to this agreement as detailed above and on the back of this form.**

Student: Date:

Parent/Legal Guardian: Date:

IA. Teacher/Facilitator: Date:

**Optional Educational Alternative**

Enrollment in charter school independent study is an educational alternative chosen by the family. Regular classroom instruction is available through the student’s local district.

**Student:**

*I understand that:*

* Independent Study is a form of education that I have chosen.
* I am entitled to textbooks and supplies, supervision by my teacher, and all the services and resources received by other children enrolled in my grade at Innovations Academy.
* I have the same rights as other students in my grade at Innovations Academy.
* I must follow my Class Agreements at Innovations Academy.
* If I do not complete 4 assignments in 8 weeks as a 2-day Independent Study student or 2 assignments in 8 weeks as a 3-day Independent Study student, my incomplete work will result in review of my agreement and I may not be allowed to continue in Independent Study.

*I agree to*:

* Be supervised by and meet regularly with my teacher, as specified on page 1.
* Complete my assigned work by its due date, as explained by my teacher and described in my Student Learning Plan.

 Student’s Signature:

**Parent/Guardian/Caregiver:**

*I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my child. I agree to the above conditions listed under “****Student****.” I also understand that:*

* Learning objectives are consistent with and evaluated in the same manner that they would be in the 5-day program.
* If my child has an individualized education program (IEP), the IEP must specifically provide for his or her enrollment in Independent Study.
* Unless otherwise indicated, the facilitator who signs this agreement will meet with my child on a regular basis as specified on page 1 to help direct the child’s study and measure progress toward the objectives in the agreement. It is my responsibility to notify the teacher if we will need to miss an appointment due to an emergency and to promptly reschedule. I understand that if we do not attend a family meeting, my child will not be permitted to attend Home Learning Community classes until that meeting is held.
* I am responsible for supervising my child while he or she is completing the assigned work and for ensuring the submission of all work sample assignments necessary for evaluation.
* If fewer than 80% of the assignments given during the 30 day prescribed learning period are not completed the following actions will take place:
* First occurrence: documented conference with the Independent Study Teacher, parent/legal guardian and student to discuss concerns and plan for improvement.
* Second occurrence: letter of warning from Program Director.
* Third occurrence: possible dismissal from the charter school.
* I am liable for the cost of replacement or repair for damaged or destroyed books and other school property checked out to my child.
* It is my responsibility to provide any needed transportation for my child’s scheduled meetings and any other travel covered by this agreement.
* I have the right to appeal to the school director any decision about my child’s placement or school program in accordance with the San Diego Unified School District’s procedures.

 Parent’s/Guardian’s/Caregiver’s Signature:

**Innovations Academy Facilitator:**

*I agree to:*

* Meet with the student and family to create Student Learning Plan assignments at the beginning of the year.
* Regularly meet with the student and family to provide feedback and support.
* Evaluate works samples in a timely manner and communicate with the family if there are problems.
* Provide access to and loan as appropriate learning resources needed to complete assignments.

 Facilitator’s Signature:

**Innovations Academy Independent Study**

**Master Agreement**

Student: Birth Date: Grade:

IA Teacher: Program: 2-day 3-day

Semester: Spring 2014 - 2015 Start / End Dates: 01/06/2015 – 06/12/2015

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