

JEFFERSON SCHOOL DISTRICT
AGREEMENT FOR JEFFERSON VIRTUAL ACADEMY (K-8th INDEPENDENT STUDY)

First Name	_____	Last Name	_____	Grade	_____
Address	_____	Birthdate	_____	IEP	504 _____
City	_____	Zip Code	_____	Phone	_____
Duration	<u>2020/2021 School Year</u>	Entry Date	<u>8/11/2020</u>	Exit Date	<u>5/27/2021</u>
School Site	_____				
My student has a computer/Chromebook?		Yes	No		
My family has internet access?		Yes	No		

Objective:

- The major objective for the duration of this agreement is to enable the student to keep current with grade level content standards for the period covered by this agreement.
- This agreement is to enable the student to successfully reach the objectives and complete the assignments identified in the assignment and work record form(s) that will be a part of this agreement. With the support of the parent or guardian, the student will submit assignments on or before their due date.
- According to district policy for independent study in grades Tk-8, no more than one (1) week for Tk-3 and no more than two (2) weeks for 4-8 may elapse between the date an assignment is made by the teacher and the date it is due, unless an exception is made in accordance with district policy. (see Board Policy 6158)
- The Jefferson School District will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.
- The student will complete the studies listed below during the trimester or term of the agreement as they are outlined in the Jefferson School District curriculum.
- Independent Study is a voluntary optional alternative in which no pupil may be required to participate; a classroom option will always be available to the child.
- Drop Criteria: If a student misses two meetings or has three low completions (less than 80% of assigned work completed weekly), the student will be dropped from JVA and enrolled in the Jefferson School District School that has space available.

We agree on regular reports on the student's work, as follows:

Frequency Weekly Place Jefferson Virtual Academy Center Manner TEACHER

AGREEMENT: *We have read this agreement, and hereby agree to all of the conditions set forth within.*

Student	_____	Date	_____
Parent/Guardian	_____	Date	_____
Teacher	_____	Date	_____
Other	_____	Date	_____
Program Administrator	_____	Date	_____

CERTIFICATION _____ Date _____
 recorded _____ Supervision teacher's signature _____

JEFFERSON SCHOOL DISTRICT JVA MASTER AGREEMENT (Continued)

Student:

I understand that:

- 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.
- I have the same rights as other students in my grade at my current school.
- I must follow the rules and standards in the discipline code and behavior guidelines of the school, in accordance with district policy.
- If I do not complete one consecutive assignment 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 written on page 1.
- Complete my assigned work by its due date, as explained by my teacher and described in my written assignments.

Student's signature _____

Parent/Guardian:

I understand that 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". I also understand that:

- Learning 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.
- 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 supervising teacher who signs this agreement will meet with my son or daughter on a regular basis as specified on page 1 to direct the child's study and measure progress toward the objectives in this agreement. It is my responsibility to promptly reschedule any appointment missed due to any emergency.
- I am responsible for the supervision of my child while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation by dates due.
- I am liable for the cost of replacement or repair for willfully damaged or destroyed books and other school property checked out to my son or daughter.
- It is my responsibility to provide any needed transportation for my son's or daughter's scheduled meetings and any other travel covered by this agreement.
- I have the right to appeal to the school administrator any decision about my son's or daughter's placement or school program according to the Jefferson School District's procedure.

Parent/Guardian's signature _____

JEFFERSON SCHOOL DISTRICT

Independent Study Work Assignment & Attendance Record

Student Name: _____ Grade: _____ School: _____

Teacher Name: _____

Date Given _____

Date Due _____

SCHEDULE FOR REPORTING OR SUBMITTING ASSIGNMENTS TO ASSIGNED TEACHER:

*The child shall submit assignments to the assigned teacher for evaluation according to the following schedule:
 Frequency Upon Return Time A.M. Place Jefferson Elementary Manner TEACHER
 One consecutive incomplete assignment will result in reevaluation of this child's independent study placement.*

OBJECTIVES (Short Term):

Subject	Course Value	Subject	Course Value
MATH –		L.A. –	
HISTORY –		P.E. –	
SCIENCE –			
READING -			

METHOD of STUDY: Child reads **XX** answers questions **XX** completes worksheets **XX** takes quizzes or tests **XX**

METHOD OF EVALUATION: **XX** Demonstration of Skills **XX** Written Test **XX** Oral Presentation ___ Minimum Performance of 60% ___ Other _____

LIST OF RESOURCES AND STUDY MATERIALS AVAILABLE: **Text books, practice books, worksheets**

I have read the Terms of this agreement and hereby agree to all the conditions set forth within.

Student _____ Date _____

Teacher _____ Date _____

The following section is to be completed by the assigned teacher(s) after pupil completes assignments.

Subject	Grade	Date Complete	Makeup(academic)	Teacher Initial	Date
P.E. –					
HISTORY –					
SCIENCE –					
READING –					
L.A. –					
MATH -					

ADA CREDIT RECORD

DATES										
	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
ADA Credit										

Supervising Teacher's Evaluation/Certification

My signature below indicates that I, the assigned supervising teacher, have personally evaluated the student's work, or that I have personally reviewed the evaluations made by other certificated teachers.

Supervising Teacher Signature _____ Date Evaluated _____

Jefferson School District

**INDEPENDENT STUDY
COVER SHEET**

Student Name:

Teacher:

The above student is scheduled for Independent Study for the following dates:

Returning on

PLEASE COMPLETE AND RETURN WITH ATTENDANCE. INDICATE IF ASSIGNED WORK WAS COMPLETED. ATTACH A WORK SAMPLE.

_____ **WORK/ASSIGNMENTS COMPLETED**

_____ **WORK/ASSIGNMENTS PARTIALLY COMPLETED**

_____ **WORK/ASSIGNMENTS NOT COMPLETED**

TEACHER'S SIGNATURE: _____

Date: _____