



# EXPLORATION STATION INDEPENDENT STUDY CONTRACT

1 Student: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

## 2 REASON FOR INDEPENDENT STUDY:

- Illness     Long term, full time     Short term, educational opportunity at home, or in the community
- Travel     Long term, part time

## 3 DAILY GOALS/OBJECTIVES and PLAN TO ACHIEVE GOALS (What will the student be doing?)

- 1.) 1 page journal entry
- 2.) 30 min. reading & write a response to reading
- 3.) Practice Multiplication facts
- 4.) Pick up classroom assignment

## 4 EVALUATION METHOD: (How will the teacher be kept informed of the student's learning?)

- Work sample(s) turned in.  
Specific samples required:  
 Expanded version attached for long term absences only

- Written record of list of student's experiences and activities
- Student log/journal
- Completed assignments

## 5 TIME TABLE: (When or how often will the teacher evaluate the student's progress?)

- Upon return to school (in the case of travel, illness, or short term I.S.) within 5 days!

6 I agree to follow the Independent Study plan as described in this contract. I understand that participation in I.S. is voluntary. I understand that upon satisfactory completion the student will receive full attendance credit for the work completed while on the plan.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Date MUST be the either the first day contract begins OR date prior to absence. NOT the day it is completed and returned. If the date is not correct...the contract will not be valid.**

--- Teacher use ONLY ---

7 The student has satisfactorily completed the terms of this contract and shall receive \_\_\_\_ days of attendance credit.

Teacher Signature: \_\_\_\_\_ Date \_\_\_\_\_