HEART ROOM
INDEPENDENT STUDY CONTRACT

❶ Student: _____ Dates: From _____ to _____

❷ **REASON FOR INDEPENDENT STUDY:**

❒ Illness ❒ Long term, full time ❒ Short term, educational opportunity at home, or in the community

❒ Travel ❒ Long term, part time

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

1.) Practice reading 15 minutes
2.) Write 2 sentences, using some words or ideas from the book
3.) Math problems # to 100, skip count
4.) Practice sight words
5.) Pick up missed class work from file
6.) Practice printing A B C's

❹ **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
❒ Test or report (❒written or ❒oral)
❒ Demonstration of skill
❒ Conference between teacher, student and parent
Conference date & time: _____

❺ **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.)
❒ Weekly
❒ Monthly: By what date _____
❒ Other: _____

❻ 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_____