



# RESEARCH ROOM 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.) *Work on assigned homework*
- 2.) *Read 45 minutes*
- 3.) *Check with teacher for current work*
- 4.) *Go to Moby Max. Do one Math and Language Arts lesson.*

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

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- 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: \_\_\_\_\_

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.)
- Weekly
- Monthly: By what date \_\_\_\_\_
- Other: \_\_\_\_\_

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 \_\_\_\_\_