

Secondary Contractual Study Program Agreement

Student's Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ School Site: _____

Grade Level: _____ Student Number: _____

The contractual study program (independent study program) is an optional voluntary educational alternative. This agreement shall be completed prior to the contract's starting date and is to be in compliance with OUSD Board Policy 6158. All course objectives shall be consistent with the OUSD guidelines established within the district's curriculum. The above named student shall have available the resources of district personnel, curriculum, textbooks, and any supplementary materials.

This contract is not applicable for any student expelled or involved in an expulsion proceeding. Also, this contract is not applicable for any student who changes his/her residence during the period of the agreement. All assignments shall be completed totally by the student. Credits earned and attendance reported shall be based on the instructor's evaluation of this agreement's completed assignments.

Contract Information

Starting Date: _____ Returning Date: _____ Completion Date: _____

The total number of contractual study days agreed upon is: _____ days.

Signatures of Agreement

I have read the terms of the "Contractual Study Program" and hereby agree to all the terms and conditions set forth within.

Student's Signature Date Parent's Signature Date Administrator's Signature Date

Contractual Study Instructional Objectives

In order to assure continued pupil progress and for the district to receive funding for this agreed upon instructional period, the student must complete the assignments listed in the section below: Completed assignments shall be submitted in person as follows:

Date & Time Room/Location Comments:

Instructional Objectives/Assignments

Period	Course	Teacher's Signature	Objective/Assignment	Method of Study	Method of Evaluation
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____

Comments: _____

Teacher /Administrator Evaluation

% of Work Completed	# of Days Completed	Teacher's Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ % of total work completed.
_____ total # of contractual study days.

Signed: _____ Date: _____

55