

**NMHS INDEPENDENT STUDY AGREEMENT**

**(Short Term)**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Duration: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location(s): \_\_\_\_\_

**Objective:**

- **The major objective for the duration of this agreement is to enable the student to keep current with the students classes 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.**
- **No more than \_\_\_\_\_ days may elapse between the date an assignment is made by the teacher and the date it is due.**
- **The student agrees to meet with or report to their teachers upon their return specifically to discuss the work, any related concerns, and the submission of work.**
- **Other:**

\_\_\_\_\_  
\_\_\_\_\_

- **The student will complete the studies listed below during the term of the agreement:**  
List Courses here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Student \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Principal \_\_\_\_\_ Date: \_\_\_\_\_

Counselor \_\_\_\_\_ Date: \_\_\_\_\_

Other \_\_\_\_\_ Date: \_\_\_\_\_

Course 1: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Major Themes/Unit/Objective:	Due date of work:
Assignments:	Resources needed:

Course 2: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Major Themes/Unit/Objective:	Due date of work:
Assignments:	Resources needed:

Course 3: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Major Themes/Unit/Objective:	Due date of work:
Assignments:	Resources needed:

Course 4: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Major Themes/Unit/Objective:	Due date of work:
Assignments:	Resources needed:

Course 5: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Major Themes/Unit/Objective:	Due date of work:
Assignments:	Resources needed:

Course 6: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Major Themes/Unit/Objective:	Due date of work:
Assignments:	Resources needed:

***Student:***

*I understand that:*

- Short term independent study is a form of education I have chosen and agree to.
- I need to establish with the teacher what resources and materials will be needed and arrange with the teacher how to get them.
- If I do not complete my assignments or fail to turn them in on time, I may not receive any credit for them.
- By signing this agreement, I agree to complete all of my assigned work by their due dates, and as assigned by the teacher.

*Student Signature:* \_\_\_\_\_

***Parent/Guardian:***

*I understand that the major objective of a short term independent study is to provide continued education to a student that will be out of school for more than a few days. I agree to the conditions listed under “**Student**”. I also understand that:*

- Learning objectives are consistent with and evaluated in the same manner as other students in your child’s classes.
- If my child has an IEP, the student and family must communicate with the student’s case manager about the situation and meet briefly with the case manager about the assignments and due dates.
- 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 to complete his/her course work.

*Parent Signature:* \_\_\_\_\_

*Administrator’s Signature:* \_\_\_\_\_

*Counselor’s Signature:* \_\_\_\_\_

*Case Manager’s Signature (if applicable):* \_\_\_\_\_