

Loma Prieta Joint Union School District --- Short-term Independent Study Application

Implemented from _____ to _____

Short-term Independent Study may be made available when students are not able to participate in site-based instruction for five or more consecutive days during the school year. Except in case of emergency, parents/guardians must submit this Short-term Independent Study Application to the school principal at least two weeks prior to the date of the first absence.

Applications shall be approved only upon determination that:

1. The student is prepared to meet the district's requirements for independent study,
2. The student is likely to succeed in independent study as well as or better than he/she would in the regular classroom, and
3. Upon agreement that all assigned work will be turned in on the first day of the student's return to school.

Short-term Independent Study is not intended to be used for vacations, but only for instances in which the reason for the absence cannot be undertaken outside the regular school year. Administration reserves the right to require documentation of the need to sue short-term independent study.

Upon approval of the application by the site administrator individual teachers will submit Independent Study assignments through the school office, to be turned in on the first day of the student's return to school.

Student name: _____ Today's date: _____

Dates of proposed IS: Date of 1st day student is not in attendance: _____

Date student returns to school: _____ Total school days out: _____

Reason for IS request: _____

List other siblings in the district making a similar request:

Student name School Student name School

Student name School Student name School

Office use only

Previous grading period GPA or performance: _____ Current grades/performance: _____

Additional information: _____

Absences (year to date): _____ Tardies (year to date): _____

_____ Request approved _____ Request denied Reason: _____

Administrator signature: _____ Date: _____

Name of student: _____ Grade: _____

Supervising teacher(s): _____

Please see the attached Independent Study Assignment form(s) by content area.

Completed work due to supervising teacher or office by the first day of the student's return to school. State law requires **original** work **must** be turned in by the first day of the student's return to school for student to receive credit for days missed. **Originals will not be returned. (FAILURE TO TURN IN ALL WORK ON THE FIRST DAY OF THE STUDENT'S RETURN TO SCHOOL WILL RESULT IN AN "F" GRADE UNTIL THE WORK IS TURNED IN. LATE WORK WILL BE SUBJECT TO TEACHER'S LATE WORK POLICY.)**

All signatures must be present to be considered valid and approved:

Student Date

Parent/Guardian Date

Supervising teacher Date

Principal/Administrator Date

FOR OFFICE USE ONLY

I have reviewed the completed work and am assigning _____ days credit for satisfactory work completed. Attached is a representative sample of student's work.

Signed: _____
Supervising teacher Date