



# Alexander Valley Union School District

Matt Reno  
Superintendent-Principal

## INDEPENDENT STUDY REQUEST PARENT PROTOCOLS

Dear AVS Parent or Guardian,

You have requested an Independent Study for your child this year. Please know that each Independent Study can be established for a minimum of 3 consecutive days and has a cumulative yearly maximum of 15 days. Please follow the steps below to start the process of requesting an Independent Study (IS) from your child's teacher.

**Step 1.** Please review and complete the top section of the attached or e-copy PDF Independent Study (IS) Agreement.

**Step 2.** While completing the IS Agreement, please leave the following sections blank as these sections will be completed during your required meeting with your child's teacher.

*Student number:*

*Manner of Meeting:*

*Frequency:*

*Time:*

*Place:*

**Step 3.** Please read the entire IS Agreement and bring this document to the meeting with your child's teacher. At this meeting you will review the items above, sign and date the IS Agreement.

**Step 4.** Upon the completion date of the IS Agreement, please ensure all completed work has been submitted to your child's teacher the day your child returns to campus. Once this work has been reviewed and confirmed completed, your child's teacher will submit the IS Agreement to the AVS office for attendance purposes. Unsatisfactory student work completion may result in an unexcused absence(s) per AB130 state guidelines. If you have any questions re: the IS Agreement, please contact your child's teacher.

Mr. Reno

# Alexander Valley Union School District

## MASTER AGREEMENT FOR INDEPENDENT STUDY 2021-22

Student Name: \_\_\_\_\_  
 Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Duration of Agreement: \_\_\_\_\_  
 Parent(s)/Guardian(s) Name(s): \_\_\_\_\_  
 Parent(s)/Guardian(s) Email: \_\_\_\_\_  
 Does your home have internet connectivity?  Yes  No *(If not, we will provide it.)*  
 School of Enrollment and Program Placement: \_\_\_\_\_

<i><b>Manner of Meeting:</b></i>	<i><b>Frequency:</b></i>	<i><b>Time:</b></i>	<i><b>Place:</b></i>
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Welcome to Independent Study. This Independent Study Master Agreement is designed to encompass both the Long Term and Short Term Independent study options families wish to take part in during the 2021-2022 school year. We look forward to a productive learning collaboration for the duration of the Agreement. In order for the student and the parent-teacher to be fully informed participants in this learning program, the following terms need to be met.

A student with an Individual Education Plan (“IEP”) must have the approval of the IEP team prior to enrolling in Independent Study and an IEP making such a placement.

- **School Services and Resources:** We will provide the services of a supervising teacher, parent-teacher collaboration, curriculum, and supplementary supplies. For your child, we will provide the following resources: These resources shall include confirming or providing access to all pupils to the connectivity and devices adequate to participate in the educational program and complete assigned work. Materials that are not consumable are to be returned at the end of the year or when a student exits the program. For Long Term Independent Study defined by a child being enrolling in IS for more than multiple weeks with an uncertain return date, students may enroll in our Independent Study Partner District program through WUSD. For students and families wishing to take part in a Short Term Independent Student (Minimum of three (3) days) they are to work directly with the classroom teacher to develop a successful learning plan.
- **Optional Educational Alternative:** AVUSD Independent Study Program is an optional educational alternative. No student shall be required to participate in AVUSD Independent Study Program.
- **Completion and Submission of Work:** See above for Manner of Meeting, frequency, time and place for submitting pupil’s assignments.
- **Students enrolled in Long Term Independent Study (more than 15 days through the Windsor Unified School District)** (1) For pupils in Transitional Kindergarten and Grades 1 to 3, inclusive, a plan to provide opportunities for daily synchronous instruction for all pupils throughout the school year. (2) For pupils in Grades 4 to 6, inclusive, a plan to provide opportunities for both daily live interaction and at least weekly synchronous instruction for all pupils throughout the school year. Live interaction may include e-communication platforms.

- **Students Needing Additional Supports:** Students enrolled in our Long Term Independent Study will be provided necessary academic and other supports to address their needs if they are not performing at grade level or need support in other areas. Services, instructional supports, additional access to academic interventions, counseling, advocacy, accommodations and direct instruction will be provided according to need to English learners, individuals with exceptional needs in order to be consistent with the pupil's individualized education program or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794), pupils in foster care or experiencing homelessness, and pupils requiring mental health supports.
- **Long Term Independent Study: Reporting Student Progress and Parent/Guardian Communication:** A reporting of student progress shall be made to the Program Administrator or supervising teacher at least every month during regular school hours as scheduled with AVUSD staff. Other interim contacts with a pupil's parent or guardian regarding a pupil's academic progress will be made via phone, email, visits, mail, fax, or other appropriate methods, at least every two weeks.
- **Objectives, Methods of Study, and Assignments:** Our overall objective is to enable the student to keep pace with the course of studies appropriate for their grade level and ability. All course objectives will be consistent with established county office of education guidelines. Subject/course objectives reflect the curriculum adopted by the county office of education, are aligned with grade level standards, and are substantially equivalent to what the student would receive if engaged in in-person instruction.
- **Missed Assignments:** If student and parent fail to complete and submit work samples and necessary documentation, as required by this Agreement, or if the student has missed three or more assignments, AVUSD will conduct an evaluation to determine whether the student is making satisfactory educational progress and whether it is in the student's best interest to remain in the Independent Study Program. Evaluation findings shall be maintained in the student's permanent record. Work samples and detailed logs must be submitted for each learning period in order for the student to receive school credit. If documentation is not submitted on time, the school must pursue the truancy process.
- **Measures of Academic Accomplishment:** Evaluation of student progress will be based upon ongoing parent-teacher-student assessment at the school site and conferences between the supervising teacher and student. Assessment measures may include demonstration of mastered skills, completed work, oral tests and reports, oral presentations, District Benchmark Assessments, and other activities as recommended by the supervising teacher. AVUSD participates in all state mandated testing. Upon completion of this Agreement the following academic accomplishments are anticipated: at least a year's worth of academic growth.
- **Agreement Duration:** The duration of the Agreement is specified above. Agreements are valid for no longer than one school year. AVUSD and the parent may choose a AVUSD Short Term Independent Study duration as appropriate for individual students, but at least a minimum of 3 days.

### **Student Understandings:**

- I have the same rights as other students enrolled in my grade level.
- I must follow the discipline code and behavior guidelines as other students enrolled in my grade level, in accordance with district policy.
- I will complete the minimum number of hours of weekly course work and assigned learning activities as explained by my parent-teacher and supervising teacher.
- I will keep my appointments and submit work on time.
- If I miss three assignments, it will result in an evaluation to determine if I should remain in the Independent Study Program. The time missed may be viewed as unexcused absences and a referral to the Student Attendance Review Board (SARB) may be made.

### **Parent/Guardian/Caregiver Understandings:**

- I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my student.
- I agree to the conditions listed above under “Student Understandings” and the other provisions of this Agreement.
- AVUSD’s Independent Study Program is designed so that I, the parent-teacher, provide primary instruction and supervision for my child throughout the duration of this Agreement.
- Supervision means that I am physically present to provide instruction and oversight.
- I understand that for the 2021-22 school year, my child’s participation in the Long Term Independent Study through WUSD will provide my child with live interaction and synchronous instruction as required: For pupils in transitional kindergarten and grades 1 to 3, inclusive, daily synchronous instruction for all pupils throughout the school year. For pupils in grades 4 to 6, inclusive, both daily live interaction and at least weekly synchronous instruction for all pupils. Individual arrangements will be made on behalf of the teacher and parent.
- Lack of participation in independent study on a school day shall be documented as non-participatory for that school day.
- In Long Term Independent Study: the minimum number of hours of quality educational time to be delivered each instructional week: Transitional Kindergarten and Kindergarten 15 hours (3 hours per day); Grades 1-6 20 hours (4 hours per day) while in a long term Independent Study program.
- Learning objectives are consistent with and evaluated in the same manner that they would be if he or she were enrolled in a traditional school program.
- I agree to communicate promptly, professionally, and respectfully with all school staff.
- I will keep all appointments with AVUSD Staff. I will come to appointments with my child and be prepared with supporting records and student work to collaborate in evaluating my child’s academic progress as well as establishing learning objectives for the next learning period.
- As required by law, if my student has an individualized education program (IEP), the IEP must specifically provide for his or her enrollment in Independent Study. If it is determined that an IEP is necessary for a student during enrollment in the program, it must be stated in the IEP that independent study is an appropriate placement for the child.
- It is my responsibility to promptly reschedule any appointment missed because of any emergency.
- I am liable for the cost of replacement or repair for lost or willfully damaged books and other school property checked out to my student.
- It is my responsibility to provide any needed transportation for my student’s scheduled meetings and any other travel covered by this agreement.
- I have the right to appeal to the school administrator any decision about my student’s placement or school program in accordance with the Alexander Valley Union School District policies and procedures.
- I understand that my child may not also be enrolled in any other independent study program.

**AGREEMENT:**

I have read and understand the terms of this agreement, and agree to all the provisions set forth. I give permission for my child to receive independent study in accord with this agreement. Furthermore, I certify that the contact information provided herein is correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Caregiver \_\_\_\_\_ Date \_\_\_\_\_

County Office Supervising Teacher \_\_\_\_\_ Date \_\_\_\_\_

Other Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Other Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Other Responsible Party \_\_\_\_\_ Date \_\_\_\_\_