

# Bolinas-Stinson Union School District

125 Olema-Bolinas Road

Bolinas, CA 94924

[bolinas-stinson.org](http://bolinas-stinson.org)

Phone: 415 868 1603 Fax: 415 868 9406

## Independent Study Agreement

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Duration: Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

This Independent Study Agreement is in effect for the fall / winter / spring trimester of the \_\_\_\_\_ school year. The student will complete the assignments listed below for the duration of this Independent Study Plan. Descriptions of the assignments and the methods for evaluating student work are listed below.

### Assignments:

### Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Parent/Guardian Agreement: I understand and specifically agree that:

- My daughter/son and I will meet with the supervising teacher to deliver their independent study work product upon our return to school.
- I am responsible for the supervision of my child while she/he is participating in Independent Study. I will provide instruction and assistance and an appropriate environment for study.
- I understand that Bolinas-Stinson School will retain original samples of student work for documentation.

We have read all items on the Independent Study Agreement and will comply with all of the conditions set forth within.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Upon receipt of the student's work product the supervising teacher will grade it and sign below.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Overall grade of work product