



Moraga School District

INDEPENDENT STUDY LEARNING AGREEMENT

| | | |
|--|---------------------------------|-------------------------|
| Student Name: | Student ID #: | Grade: |
| Address: | Birthdate: | Age: |
| City: Moraga, CA | Zip Code: 94556 | |
| Parent/Guardian/Caregiver Name: | | Phone Number: |
| Email Address: | | Alternate Phone Number: |
| District-Issued Device (Y/N): | District-Issued Hotspot (Y/ N): | |
| School of Enrollment/Program Placement: | | |
| Duration of Agreement (not to exceed one school year): | Beginning Date: | Ending Date: |

Objectives, Methods of Study, Methods of Evaluation, and Resources: We understand that the student is to complete the subjects/courses listed below, and that subject/course objectives reflect the curriculum adopted by the district's governing board and are consistent with district standards, as outlined in the district's subject/course descriptions. The teacher or teachers will evaluate submitted work.

| Subject/Course | Assignment/Objective/Resources | Teacher | Teacher Initial - Work Done |
|----------------|--------------------------------|---------|-----------------------------|
| Robotics | | | |
| | | | |
| Art Making | | | |
| Math | | | |
| Science | | | |
| PE | | | |
| Soc. Studies | | | |

Assignments: Work is due the day you return to school.

Academic and Other Supports: We understand that support will be provided to meet the academic or other needs of this student as noted below.

| Need/Concern | Support/Resources Provided | Responsible Person(s) |
|--------------------------------|----------------------------|-----------------------|
| Academic | | |
| English Language Development | | |
| Exceptional Needs/504 Plan | | |
| Foster/Homeless | | |
| Social-Emotional/Mental Health | | |
| Other | | |

Voluntary Statement: We understand that Independent Study is an optional educational alternative that students voluntarily select, including students covered under California Education Code sections 48915 and 48917. All students who choose Independent Study, with the exception of those who are quarantined or following contact tracing protocols, must be offered the alternative of classroom instruction, and they must have the continuing option of returning to the classroom.

Quality and Quantity; Rights and Privileges; Resources and Services: The Independent Study option is to be substantially equivalent in quality and quantity to classroom instruction. Students who choose to engage in Independent Study are to have equality of rights and privileges with the same access to existing services and resources as students in the regular school program.

Signatures and Dates: We have read and understand the terms of this agreement and agree to all the provisions.

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|------------------------------|-------|
| Student: | Date: |
| Parent/Guardian/Caregiver: | Date: |
| Supervising Teacher: | Date: |
| Other Responsible Person(s): | Date: |