



River Montessori Charter School SHORT TERM Independent Study Contract
Application and Master Agreement to Substitute for Classroom Work
(must be signed and agreed to prior to absence)

Student's Name _____ Date of Birth _____ Classroom _____ Grade _____

Parent/Guardian Name _____ Home/Cell Phone _____ Email _____

We understand that work assigned through SeeSaw must be submitted daily. All work must be completed and submitted no later than five (5) days upon return to school. Work must be submitted to the teacher assigning the work. Work will be submitted, graded, and recorded using SeeSaw.

1. Reason for Independent Study: (select one) __ Student illness (non-COVID related) __ COVID testing/Quarantine __ Positive COVID Result __ Family Trip __ Other (please specify) _____

2. Specific dates Independent Study will be in place: (Not to exceed 14 days per school year) _____ Total Number of Days _____

3. Work assigned must be returned by _____. Online work must be submitted daily. 70% of work must be completed for credit.

Parent Signature _____ Date _____ Student Signature _____ Date _____

Teacher of Record Signature _____ Date _____

Academic Support: Students will be assigned leveled work which meets their level of independent understanding and academic progress. All students including those who are emerging English speakers as well as receiving academic support through an Individualized Educational Plan (IEP), can correspond with the teacher for assistance with work. Teachers will respond within two (2) school days.

Report of student's academic progress: Teachers will update parents as to a student's academic progress quarterly throughout the academic year. If there are concerns in regards to progress the teacher will reach out to the parent at the time of the concern.

Tiered Reengagement Strategies: While all students receive reengagement support when necessary, in the case of a LONG term Independent Study (outside the scope of this agreement) if a student does not generate attendance for more than three schooldays or 60 percent of the instructional days in a school week, or for students who are in violation of their independent study written agreement, Charter School shall:

1. Verify current contact information for each enrolled student;
2. Notify parents or guardians of lack of participation within one school day of the student's absence or lack of participation(e.g., via email, message, text, telephone, letter, etc.)
3. Reach out to the student directly and/or parents or guardians, as well as health and social services as necessary, to determine student's needs for reengagement; and
4. If the student has failed to complete two (2) assignments during any period of twenty (20) schooldays or is failing to make satisfactory educational progress as defined in Section 3 herein, Charter School will schedule a pupil-parent-educator conference (a meeting involving all individuals who signed the student's written agreement) to review the student's written agreement and reconsider the independent study program's impact on the student's achievement and well-being.

Work in case of Suspension: Work can only be assigned to a student who is on suspension if they would otherwise have a choice to be in the classroom during the period of the Independent Study.

Resources required for work completion: The work included in this contract REQUIRES a computer or similar electronic device and access to internet connectivity.
 The work included in this contract DOES NOT require a computer, device or internet in order to complete the work or submit the work.

PARENT/GUARDIAN STATEMENT OF ACCESS: We need the school to provide either a computer/device or internet access
 We do not need for the school to provide either a computer/device or internet access.

Signature of Parent/Guardian _____ Date _____

Device assigned _____ Device Received Signature of Parent/Guardian _____ Date _____

Independent Study is an optional educational alternative in which no student may be required to participate. All sections on this form MUST be completed to be a valid contract.

Contract Initiated _____ Date _____ Work Submitted on time? __ YES __ NO
Principal/Designee Signature

Parent Verification of Daily Academic Work

Please initial and date each day of the Independent Study that your child worked on assignments:

Date															
Parent Initial															

Contract Completed _____ Date _____
Principal/Designee Signature



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SUBJECT	TEACHER ASSIGNING WORK	ASSIGNMENT, OBJECTIVE OF WORK, AND ESTIMATED INSTRUCTIONAL MINUTES	TIMING AND METHOD OF WORK SUBMISSION	METHODS OF STUDY	METHOD OF EVALUATION OF WORK	RESOURCES NEEDED TO COMPLETE ASSIGNMENT	HOW WILL CREDIT BE ASSIGNED	TEACHER SIGNATURE AFTER EVALUATION
<input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Writing <input type="checkbox"/> Science <input type="checkbox"/> Cultural <input type="checkbox"/> Other _____ To be completed: <input type="checkbox"/> Daily <input type="checkbox"/> Single Day <input type="checkbox"/> Other _____			Timing: <input type="checkbox"/> Daily <input type="checkbox"/> At end of IS Method: <input type="checkbox"/> Online Platform <input type="checkbox"/> Other _____	<input type="checkbox"/> Independent Reading <input type="checkbox"/> Worksheet Activities <input type="checkbox"/> Problem Solving <input type="checkbox"/> Study Projects <input type="checkbox"/> Drill & Practice <input type="checkbox"/> Experiential Learning <input type="checkbox"/> IXL/Computerized Curriculum <input type="checkbox"/> Web/Internet Research <input type="checkbox"/> Library Research <input type="checkbox"/> Field Trips <input type="checkbox"/> Journal/Diary <input type="checkbox"/> Other _____	<input type="checkbox"/> Student Conferences <input type="checkbox"/> Work Samples <input type="checkbox"/> Learning Journals <input type="checkbox"/> Presentations <input type="checkbox"/> Other _____	<input type="checkbox"/> Computer <input type="checkbox"/> Other _____	<input type="checkbox"/> Credit/ <input type="checkbox"/> No Credit	
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