

**AMADOR COUNTY UNIFIED SCHOOL DISTRICT / OFFICE OF EDUCATION
STUDENT WORK ASSIGNMENT RECORD FOR INDEPENDENT STUDY**

Student/Child Name _____ School: _____
Teacher _____ Beginning Date: _____ End Date: _____

SCHEDULE FOR REPORTING OR SUBMITTING ASSIGNMENTS TO ASSIGNED TEACHER:

Five (5) school days from date of assignment for grades TK-6 and ten (10) school days from date of assignment for grades 7-12. The schedule for communicating with a pupil's parent or guardian regarding academic progress:

Frequency: _____ Time: _____ Place: _____ Manner: _____

Three (3) incomplete assignments will result in reevaluation of this child's independent study placement.

An additional page may be used for this chart, if necessary.

Subject:	Course Value/Credit:	Subject:	Course Value/Credit:

METHOD OF STUDY: *o Reading o Answering questions o Completing worksheets o Taking quizzes or tests o Other*

METHOD OF EVALUATION: *o Demonstration of Skills o Written Test o Oral Presentation o Minimum Performance of 60% o Other*

LIST OF RESOURCES AND STUDY MATERIALS AVAILABLE:

Appropriate grade-level textbooks and any other resources required to complete the assigned work.

- Please see other side -

The following must be signed by the teacher assigned to supervise the Independent Study written agreement. The supervising teacher should review all accompanying pupil work record(s) and pupil work prior to signing off on the number of days of attendance credit. The supervising teacher may certify more total hours of attendance credit than is recorded by themselves and other teachers on accompanying pupil work records.

Subject:	Grade:	Date Completed	Teacher Initial:	Date

ADA CREDIT RECORD

Dates										
	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
ADA Credit										

Dates										
	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
ADA Credit										

Supervising Teacher’s Evaluation/Certification

My signature below indicates that I, the assigned supervising teacher, have personally evaluated the student’s work, or that I have personally reviewed the evaluations made by other certificated teachers.

Supervising Teacher Signature

Date Evaluated