



SUBSIDIARY AGREEMENT STUDENT WORK ASSIGNMENT RECORD

Student/Child Name _____ School: _____

Teacher _____ Date Given: _____ Date Due: _____

SCHEDULE FOR REPORTING OR SUBMITTING ASSIGNMENTS TO ASSIGNED TEACHER:

The child shall submit assignments to the assigned teacher for evaluation according to the following schedule:

Frequency: _____ Time: _____ Place: _____ Manner: _____
_____ incomplete assignments will result in reevaluation of this child's independent study placement.

OBJECTIVES (short term):

Subject:	Course Value:	Subject:	Course Value:

METHOD OF STUDY: Child reads o answers questions o completes worksheets o takes 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:

I HAVE READ THE TERMS OF THIS AGREEMENT AND HEREBY AGREE TO ALL THE CONDITIONS SET FORTH WITHIN.	
Child _____	Date _____
Parent/Guardian _____	Date _____
Teacher _____	Date _____

The following section is to be completed by the assigned teacher(s) after pupil completes assignments.

Subject:	Grade:	Date Completed	Makeup (academic) If applicable	Teacher Initial:	Date

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 Evaluate