



## Study Friends Contract

Current School Year \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent's Phone # \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Tutor Name: \_\_\_\_\_ Tutor's Phone # \_\_\_\_\_

Tutor's Email Address: \_\_\_\_\_

Referring Teacher/Counselor: \_\_\_\_\_ Teacher's Phone # \_\_\_\_\_

Teacher's Email Address: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Tutoring Location \_\_\_\_\_ Tutoring Day and Time: \_\_\_\_\_

I, the Parent or Guardian of \_\_\_\_\_, agree to the following as part of my son's/daughter's participation in the Study Friends program:

- To make every effort to bring my child on time once a week for 1-2 hours from now until the end of the school year, excluding holidays
- To make sure that my child brings all necessary materials
- To meet with the tutor periodically about how best to assist the student
- When it is impossible to meet, to contact the tutor before the planned meeting time
- To not hold the Tutor or anyone related to the Study Friends program liable for injury or accident to my son/daughter
- To contact the Program Coordinator, whenever there are any concerns, significant changes or questions that come up with my child and his/her tutor.

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

I, the Student, agree to the following as a participant in the Study Friends program:

- To meet with my tutor each week
- To bring my books and my planner so I can do my homework with my tutor
- To call my tutor in advance if I am sick and cannot meet or if I will be late
- I agree to meet with my tutor every week for 1-2 hours while school is in session, even if I have no homework

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

I, the Tutor, agree to the following as a participant in the Study Friends program:

- To meet with my student for 1-2 hours each week during the academic school year, excluding holidays
- To email/call my student's referring teacher/counselor to introduce myself and request study materials for any days that my student might arrive without assignments
- If it is impossible for me to meet, I agree to discuss this with my student ahead of time in person or via phone and to make up the session the following week.
- To report my hours, my student's Powerschool grades, and my notes about each session weekly using the Civicore online database
- To report cancellations or no shows by recording "0.1" hours in Civicore
- To communicate with the Program Coordinator whenever there are any other concerns, questions, or issues that come up with my student that I feel are important to the progress of my relationship with the student
- To communicate with the Program Coordinator and teacher if my student fails to show up without notice or if we have been unable to meet for 2 consecutive weeks.
- To RSVP and attend at least 3 Study Friends tutor trainings

Tutor Signature: \_\_\_\_\_



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

### **Powerschool Release**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ grant permission to Eagle County Schools to release access passwords and logins for Power School grading information to The Literacy Project for my student. I give my permission for The Literacy Project's staff and my child's tutor to review Powerschool information regularly. This information will be kept confidential and will be used only to measure and support the student's academic success at school.

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

\_\_\_\_\_  
Date

**POWERSCHOOL ID:** \_\_\_\_\_ **POWERSCHOOL Password:** \_\_\_\_\_

### **Communication and Academic Information Release**

I, \_\_\_\_\_, grant permission to Eagle County District to release to The Literacy Project information regarding standardized testing results, study habits, classroom behavior, and attendance for my child, \_\_\_\_\_. I also grant permission for The Literacy Project's staff and my child's tutor to communicate with the faculty and staff of my child's school about my child. I can revoke these rights at any time and this release is valid through the end of the current school year.

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

\_\_\_\_\_  
Date

### **Family Educational Rights and Privacy Act (FERPA) RELEASE**

The Literacy Project works in conjunction with the Eagle County School District (ECSD) to provide additional support. As part of this partnership, the Eagle County School District has requested that The Literacy Project release to them student name, date of birth, participation dates, and the program(s) in which he/she participated for the purpose of assessing the effectiveness of our programs. I, \_\_\_\_\_, allow The Literacy Project staff to release to the Eagle County School District the above information about my child, \_\_\_\_\_.

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

\_\_\_\_\_  
Date