**Distance Learning Contract**

**My Information**

|  |  |
| --- | --- |
| **Criteria** | **Student Information** |
| My name |  |
| For the period of (dates) | From: To: |
| My goals for this period |  |
| The best days/times for me to study | See calendar on page 2 |
| The best place(s) for me to study |  |
| I have all the materials and tools I need to complete assignments (books, computer, web access, etc.). Circle one. | Yes No |
| The best days/times to contact me are |  |
| The best way to contact me. Circle one. | Phone Email |
| My phone number is |  |
| You can text me. Circle one. | Yes No |
| My email address |  |
| My teacher is available (days/times) |  |
| My teacher’s contact information |  |
| A person who has agreed to help me reach my goals |  |
| Relationship |  |
| Contact information |  |

**Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Teacher Date

**My Study Times**

|  |  |
| --- | --- |
| **Days** | **Study Times** |
| Sunday |  |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |

This adds up to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours per week.

**Testing**

I plan to return for posttesting (month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.