

STUDY FRIENDS CONTRACT

STUDENT NAME/GRADE: _____
PARENT NAME: _____
TUTOR NAME: _____
TEACHER/COUNSELOR: _____
BEGINNING DATE: _____
TUTORING LOCATION/TIME: _____

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

1. To meet with my student each week during the academic school year, excluding school holidays, and when it is impossible to meet, to discuss this with my Student ahead of time, or by calling the Student before the tutoring session.
2. To complete the monthly tutoring report and turn into Program Coordinator on a regular basis. (Copies of this form can be picked up from a coordinator or downloaded at <http://www.evld.org/literacy.cfm>)
3. To communicate with the Program Coordinator whenever there are any concerns, significant changes or questions, or issues that come up with my Student that I feel are important to the progress of my relationship with my Student.
4. To attend trainings and use provided resources.

Tutor Signature _____

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

1. To meet with my Tutor each week at _____.
2. To notify my Tutor in advance if it is impossible for me to attend a tutoring session, and not to miss more than three consecutive tutoring sessions unless it has been specifically agreed to by my Tutor.
3. To communicate with the Program Coordinator whenever there are concerns, significant changes or questions, or issues that come up with my tutor that I feel are important to my academic progress.
4. To have each of my teachers sign and complete my teacher info form – and return it completed to the Study Friends Coordinator.

Student Signature _____

I, the **Parent** or **Guardian** of the student _____, promise to support and encourage the development of the relationship between the Tutor _____ and my son/daughter. I declare that I understand the purpose of the Study Friends Program, that I am willing for my son/daughter to participate in the Program for the _____ school year, that I will not hold the Tutor or anyone related to the Study Friends Program liable for injury or accident to my son/daughter, and that I will contact the Program Coordinator whenever there are any concerns, significant changes or questions, or issues that come up about my son's or daughter's relationship with his/her Tutor, or participation in the Program. I will volunteer for the Literacy Project with my son/daughter by working for at least 4 hours at a function or fundraiser, or by making an in kind donation. I will complete my 4 hours of volunteer work or make an in kind donation by the end of the year.

Parent/Guardian Signature _____

I, the **Study Friends Program Coordinator**, agree to offer whatever assistance is available to me in academic support, activities, counseling and resources to the above Student and Tutor match while they participate in the Study Friends Program, and to be available to them in the best way I can to answer questions, address concerns, and/or provide whatever support I have available to me.

Program Coordinator Signature _____

ADDITIONS TO CONTRACT: