# **Distance Learning Contract**

| 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 of the materials and tools I need to complete assignments (books, computer, web access, etc.) | Yes | No |
| The best days/times to contact me are |  | |
| The best way to contact me is | Phone | Email |
| My phone number is |  | |
| You can text me | Yes | No |
| My email address is |  | |
| My teacher is available (days/times) |  | |
| My teacher’s contact information is |  | |
| A person who has agreed to help me reach my goals is |  | |
| Relationship |  | |
| Contact information |  | |

**Signatures**

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

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

**My 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_