# **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_