

# SOUTH TEXAS ISD COURSE CONTRACT

Summer 2011

STPA    BETA    Med High    Science Academy    Med Tech

Standard Form for Essential Learning Outcome Make-up

**FORM TO BE COMPLETED BY INSTRUCTOR**

COURSE \_\_\_\_\_  1<sup>ST</sup>    2<sup>ND</sup> SEMESTER    Year

Student \_\_\_\_\_ ID \_\_\_\_\_ Ph/Cell # \_\_\_\_\_

Student E-Mail \_\_\_\_\_

Instructor \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

INSTRUCTOR WILL MONITOR OWN CONTRACT    SUMMER CONTRACT TEACHER WILL MONITOR CONTRACT

Text Book Name: \_\_\_\_\_

The student must comply with all the terms of this contract to receive credit for the above listed course.

See Attached for further/special instructions (if needed).

STISD Essential Learning Outcome(s)/State Standard(s) to be met:

\_\_\_\_\_

Assignment(s) to complete:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Achievement level (Rubric/Grade/Points) needed to achieve outcome(s):

\_\_\_\_\_

**GRADE TO BE OFFERED UPON COMPLETION OF CONTRACT:** SEMESTER  1<sup>ST</sup>    2<sup>ND</sup> OR  YR

\_\_\_\_\_

**Special terms of contract:**

\_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **End Of Summer School:**    Yes    No

Expiration date **CAN NOT** be after 7/20/2011.

Student Signature – **NEEDED**

Date: \_\_\_\_\_

Instructor Signature

Date: \_\_\_\_\_

Parent Signature

Date: \_\_\_\_\_

ACCEPT CONTRACT Initials: \_\_\_\_\_

DECLINE CONTRACT Initials: \_\_\_\_\_