

## Northshore Family Partnership Parent Contract

I, \_\_\_\_\_(parent name), parent of \_\_\_\_\_(student name) understand the following requirements of the Northshore Family Partnership (NFP) as an Alternative Learning Environment (ALE) created for families who are instructing students at home:

- A requirement of this program is that my child will receive instruction for 27.75 hours a week that is secular in nature. Time students spend in NFP classes counts toward those hours. \_\_\_\_\_(initials)
- I affirm that I, the parent/guardian, am expected to be responsible for my child's learning outside of NFP classes for a total of 27.75 hours. \_\_\_\_\_(initials)
- I understand that, as the primary educator of my child, I am responsible for my child's learning of the foundational skills for all core subjects (math, science, literacy/language arts, social studies). NFP classes will focus on integration and application of those skills. \_\_\_\_\_(initials)
- I understand that I will be expected to attend SLP planning (Student Learning Plan) meetings as scheduled with the certificated teacher who is assigned to me as an SLP advisor. At that initial meeting I am required to develop an academic plan for the school year. \_\_\_\_\_(initials)
- I understand that I am responsible for completing monthly Progress Reports, outlining skills, concepts and content standards addressed by at-home learning during the prior month. \_\_\_\_\_(initials)
- I understand that if I am unable to document student progress I will be put on an intervention plan (Parent/Educator Comprehensive Support Plan) that increases one-on-one contact with my advisor to once-a-week, in order to assist me, for as long as needed. If progress is not made, as outlined in the intervention plan, I may be asked to leave the program. \_\_\_\_\_(initials)
- I understand that I will be able to access curriculum materials approved by Northshore School District through the NFP program, but ultimately I am responsible for obtaining curriculum and materials for my child's at-home education. \_\_\_\_\_(initials)

*My signature below signifies that I understand and will adhere to the above-mentioned requirements for the Northshore Family Partnership.*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*