



# Remote Learning Contract

School Name \_\_\_\_\_

**THIS IS A GENERAL FORM - IT SHOULD BE SAVED AND EDITED FOR THE INDIVIDUAL SCHOOL!**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*Remote Learning refers to educational activities that have a variety of formats and methods, most of which take place online. A student on Remote Learning is not physically present in a traditional classroom environment. Information is relayed through technology, such as email, video conferencing, and online assessments. The length of temporary reprieve from the physical school building is at the discretion of a school administrator in consultation with a parent/guardian.*

## Administrator Notes:

Is student involved in an OEO investigation?  Yes  No

Is remote learning being offered in lieu of suspension?  Yes  No

Is student receiving services through an IEP?  Yes  No *(If yes, please collaborate with IEP team)*

Number of assigned Remote Learning days. \_\_\_\_\_

Name of remote learning teacher *(two hour weekly)*: \_\_\_\_\_

Name of remote learning administrator *(weekly check-in)*: \_\_\_\_\_

Is student allowed to participate in district or school sponsored activities.  Yes  No

If yes, describe participation guidelines:

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Other notes:

*I understand and agree to my role in the remote learning conditions described above.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_