



Read Well Speak Well Live Well

Study Friends Contract

Student Name: _____ Grade: _____

Parent(s) Name: _____

Parent's Phone Number and Email Address: _____

Tutor Name: _____

Tutor's Phone Number and Email Address: _____

Referring Teacher/Counselor: _____

Referring Teach Phone Number and Email Address: _____

Beginning Date: _____ End Date: _____

Tutoring Location/ Time: _____

I, the Tutor, agree to the following as a participant in the Study Friends program:

- To meet with my Student for approximately 1.5-2 hours each week during the academic school year, excluding holidays, and when it is impossible to meet, I agree to discuss this with my Student ahead of time in person or via phone.
- To regularly report my hours using the Civicore online database <http://literacyproject.civicore.com>.
- I understand that my commitment to the Literacy Project's Study Friends Program is once a week for about 2 hours through the school year, excluding holidays.
- To communicate with the Program Coordinator whenever there are any concerns, significant changes, questions, or issues that come up with my Student that I feel are important to the progress of my relationship with the Student.
- To attend Study Friends tutor trainings and use provided resources.
- To email/call my student's teachers and introduce myself.
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Tutor Signature: _____

I, the Student, agree to the following as a participant in the Study Friends program:

- To meet with my tutor each week at the following day and time: _____
- To bring ALL of my books and my planner, even if I have no homework.
- To call, email, or text my Tutor in advance if it is impossible for me to attend a tutoring session.
- I understand that my commitment to the Literacy Project's Study Friends Program is once a week for 1.5-2 hours during the school year, excluding holidays.
- To call or email the Program Coordinator, Kira Barclay (970-328-9013 or kira@literacyprojecteaglecounty.org) whenever there are any concerns, changes, questions, or issues that come up with my Tutor that I feel are important.

Student Signature: _____

I, the Parent or Guardian of the Student _____, agree to the following as part of my son or daughter's participation in the Study Friends Program:

- To support and encourage the development of the mentor relationship between the Tutor and my Student by making sure that my son/daughter arrives on time to the meeting with all necessary materials, and when it is impossible to meet, that my son/daughter contacts the Tutor personally.
- That I will not hold the Tutor or anyone related to the Study Friends Program liable for injury or accident to my son/daughter.
- I understand that our commitment to the Literacy Project's Study Friends Program is once a week for about two hours during the school year, excluding holidays.
- To contact the Program Coordinator, Kira Barclay (970-328-9013 or kira@literacyprojecteaglecounty.org), whenever there are any concerns, significant changes, questions, or issues that come up with my son/daughter's relationship with his/her Tutor or participation in the program.

Parent/ Guardian Signature: _____

I, the Program Coordinator, agree to following as the administrator of the Study Friends program:

- To offer whatever assistance is available to meet in academic support activities, counseling, and resources to the above Student and Tutor match while they participate in the Study Friends Program.
- To help the volunteer learn how to use the Civicore database and check for regular updates on it from the tutor.
- To offer Study Friends tutor trainings on a regular basis throughout the school year.
- To stay in regular contact with the above tutor and parent/guardian to make sure that the match is working successfully.

Program Coordinator Signature: _____

Powerschool Release

I _____ parent/guardian of _____ grant permission to Eagle County Schools to release access passwords and logins for Power School grading information to The Literacy Project for my student. This information will be kept confidential and will be used only to support the student's academic success at school.

Parent/ Guardian Signature Date

POWERSCHOOL ID Number:

POWERSCHOOL Password:



Family Educational Rights and Privacy Act (FERPA) RELEASE

I allow the Study Friends program staff and the volunteer tutor, _____, to communicate with the faculty and staff of my student's school about my student for the purpose of obtaining information about his/her CSAP scores, academic performance, study habits, classroom behavior, and attendance. I understand that I can revoke these rights at any time, and that this release is valid until the end of the 2011-2012 ECSD school year.

Parent/ Guardian Signature Date

Permiso de acceso "PowerSchool"

Yo _____ el padre/la madre o el/la guardián de _____ le da permiso a Eagle County Schools para soltar contraseñas de acceso y logins de "PowerSchool" para informacion academica al Proyecto de Alfabetización para mi estudiante. Esta información se guardará confidencial y sólo se usará para apoyar el éxito académico del estudiante en la escuela.

Firma fecha

Numero de identificacion:

Contraseña:



Family Educational Rights and Privacy Act (FERPA) RELEASE

Permiso de Ferpa (Los Derechos de la Familia Educativa y Acto Privado)

Permito al personal del programa de Amigos de Estudio comunicarse con la facultad y personal de los estudiantes de mi escuela acerca de mi estudiante con el propósito de obtener información de su progreso académico, CSAP, hábitos de estudio, conducta en la clase y asistencia.

firma fecha