



Read Well Speak Well Live Well

Study Friends Contract

Student Name: _____ Grade: _____

Parent(s) Name: _____

Tutor Name: _____

Referring Teacher/Counselor: _____

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 two 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, using Powerschool as my contact resource.

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 about two hours during the school year, excluding holidays.
- To call or email the Program Coordinator _____ whenever there are any concerns, changes, questions, or issues that come up with my Tutor that I feel are important.

Student Signature: _____

Program Coordinator phone #:

Program Coordinator email:

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 _____ 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: _____

Program Coordinator phone #:

Program Coordinator email:

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: _____

ADDITIONS TO CONTRACT: