

**Self-Directed Learner  
Learning Contract**

Student Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Supervising Teacher Name: \_\_\_\_\_ Email: \_\_\_\_\_

**I. Student Role and Responsibilities**

Student agrees to fulfill the following program obligations:

1. **Duration:** Student will participate in the program for a complete academic term. Student will attend all required meetings with the Supervising Teacher.
2. **Communication:** Student will maintain communication with the Supervising Teacher relative to assignments, progress reports, and other mandatory assignments.
3. **Work/Study Habits:** Student will demonstrate good attendance, accuracy, orderliness, promptness, maturity and timeliness in completion of assignments.
4. **Assignments and Projects:** Student will complete all assignments and projects on time.

**II. Parent/Guardian Role and Responsibilities**

Parent/Guardian agrees to meet the following obligations:

1. **Work/Study Habits:** Parent/Guardian will reinforce the need for good attendance and the development of good work/study habits.
2. **Support:** Parent/Guardian will provide encouragement and reinforcement to Student.
3. **Communication:** Parent/Guardian will maintain contact with the Supervising Teacher about any program-related concerns.

**III.**

**Supervising Teacher Role and Responsibilities**

The Supervising Teacher agrees to fulfill the following program responsibilities:

1. **Academic Progress:** The Supervising Teacher will work with Student to monitor Student's academic progress.
2. **Objectives:** The Supervising Teacher will monitor Student's progress in satisfying learning objectives to assure that Student achieves stated goals.

**IV. Student Goals and Learning Objectives**

Student’s goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learning objectives, resources and timeline for completion:

What will Student Learn (Objectives)?	How will Student learn it (Resources and Strategies)?	Target Date for Completion

Meeting plan (identify how often Student and Supervising Teacher will meet through the course of study): \_\_\_\_\_  
\_\_\_\_\_

Grading policy and rubrics (include policy on late assignments), feedback and evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Academic Credit**

Credit for successful completion of the learning objectives or course of study will be granted pursuant to applicable District policy. The District retains sole discretion to determine whether Student successfully completed the program and to award credit for successful completion of program.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**LEGAL REFERENCE:**

Idaho Code Sections:

33-512D – Self-Directed Learner Designation

**ADOPTED: December 15, 2022**

**AMENDED:**