**Autauga County Schools Virtual Learning Classrooms**

**Daniel Pratt Elementary School**

**Learning Coach Agreement**

**2020-2021**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Welcome to Autauga County Schools Virtual Classroom! In order to be successful in a virtual learning environment, Kindergarten-12th grade students are required to have a designated Learning Coach (parent, guardian, or other qualified adult). Please review the following requirements, initial beside each statement and sign the agreement.

\_\_\_\_\_ I will provide academic support, motivation, and guidance for my student. The amount of assistance will vary by grade level and by student’s capabilities to be self-directed and to comprehend the materials. I, therefore, agree to adhere to the following supervision parameters for students by grade level:

\_\_\_\_\_ Elementary School Assistance Level (Grades 1 – 5): Substantial. The parent/legal guardian or designated adult will need to provide substantial support to the student throughout the school day and should be with the student physically all day.

\_\_\_\_\_ Middle School Assistance Level (Grade 6): Moderate. The parent/legal guardian or designated adult should be available to provide assistance to the student as needed throughout the day. The parent should be in the same general location all day, but may not need to be with the student at all times, depending on the student.

\_\_\_\_\_ I will create a location in the home that can serve as a dedicated learning space for my student.

\_\_\_\_\_ I will communicate regularly with my student’s teacher(s).

\_\_\_\_\_ I will ensure that my student adheres to the Autauga County Schools Code of Conduct.

\_\_\_\_\_ I understand that participation in state testing is mandatory and that I must provide transportation for my student to the designated testing site at the designated times.

\_\_\_\_\_ I understand that I have the right to designate another qualified adult to be my student’s Learning Coach, but that specific student information including grades, behavior, attendance, etc., can only be shared with the parent or legal guardian.

If you are unable to fulfill the daily requirements of the Learning Coach, please indicate the name of the person who will serve as Alternate Learning Coach for your student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I agree to the terms outlined in the Learning Coach Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature Date