

Online Parent and Student Remote Tutoring Agreement

The purpose of this agreement is to acknowledge acceptance of the identified roles and responsibilities for students and parents attending Skyway Tutoring Center remotely.

Date:

Student Name:

Grade:

Parent/Guardian Name _____

Email _____ Phone _____

Student

- I agree to keep up with assignments, tests and quizzes and be ready to review with my tutor.
- I agree to communicate with my tutor during tutoring sessions any specific areas of assistance I need.
- Other _____

Parent

- My child has access to a computer with Internet connection at home.
- I agree to support my student's success in online tutoring by
 - Setting up a space for tutoring session
 - Monitoring my child's tutoring breakout session (parent or family member 18 or older)
 - Helping maintain his/her tutoring study schedule (6:30pm – 7:30pm)
 - Encouraging him/her to communicate with the tutor whenever he/she has a question.

We acknowledge that we have reviewed this agreement together and understand our responsibilities.

Student _____ Date _____

Parent _____ Date _____

Skyway Tutoring Center Administrator _____ Date _____