

**GALENA PEER TUTOR CONTRACT**

|  |  |  |
| --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fall | Spring |
| Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Course: \_\_\_\_\_\_\_\_\_ | Period: \_\_\_\_\_\_\_\_ |
|  |  |  |

**STUDENT RESPONSIBILITIES**

I understand and agree to the following:

• I will be assigned to assist one or more students.

• My assistance may involve explanation and clarification of information and concepts taught in the class.

• My assistance should not include completing work for the student.

• The expectation is for me to be present in class on time and all period.

• I will receive ½ elective credit and a letter grade.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**TEACHER RESPONSIBILITIES**

 I understand and agree to the following:

• I am responsible for the peer tutor during the period they are in my room

• I will provide the peer tutor with information assistance and resources to help my student.

• Peer tutors assigned to me must follow all school rules

Teacher Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Students must return completed Peer Tutor form to the Counseling Department.**