Teacher Aide Contract

Student’s Name _________________________________
Student’s ID # __________
Student’s counselor ____________________________

The teacher for whom I want to be a TA ______________________________
The period I want to be a TA _______
The room # of the teacher _______
The class I want to drop to be a TA (if applicable) ______________________________

(I understand that if I’m dropping this class after the 15th day of the semester that I will receive a W/F for the class I’m dropping)

All parties agree that the student will:
1. Remain online to graduate
2. Maintain satisfactory attendance
3. Maintain satisfactory conduct on and off campus
4. Not earn academic credit for being a teacher aide
5. Earn a maximum of 15 CAR hours a year by being a teacher aide
6. Not leave the teacher’s room without a pass
7. Not perform duties relating to student records or grades

Obtain the following 2 signatures and then turn this form into your counselor:
Teacher Signature (teacher for whom you will be aiding) ____________________________
Parent/Guardian Signature ____________________________ Date _______

Office Use Only
Counselor Signature ____________________________
Assistant Principal Signature ____________________________ Date__________