Online Learning Agreement

This agreement acknowledges acceptance of the identified roles and responsibilities for students and parents/guardians enrolling in online courses under Section 21f of the State School Aid Act.

Student Name ___________________________________________________________ Grade ______

Parent/Guardian Name _______________________________________________________

The best way to reach me is __________________________ O email _____________________ O phone __________________________

__________________________________________________

Student

☐ I have completed the Online Learning Readiness Rubric. I need support in the following areas:

__________________________________________________

☐ I agree to maintain a study schedule and spend at least ____ hours a week on each online course.

☐ I agree to keep up with assignments, tests, and quizzes.

☐ I agree to communicate with my instructor regularly and whenever I have a problem.

☐ I agree to communicate regularly with my mentor and whenever I have a problem.

☐ Other __________________________________________________________

__________________________________________________

Parent

☐ My child has access to a computer with internet connection at home.

☐ I can arrange for my child to have regular access to a computer with internet connection at the local library, community center, or other location.

☐ I request the school provide a computer or a place in school to access online learning as part of my child's school day because I do not have access to a computer for my child at home.

☐ I agree to support my child's success in online learning by

☐ Setting up a study space

☐ Monitoring their progress

☐ Helping maintain their study schedule

☐ Encouraging them to communicate with the mentor and instructor whenever they have a question or a problem.

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

Student ___________________________________________________________ Date ______

Parent _______________________________ Date ______

School Representative _______________________________ Date ______

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