## **Northshore Family Partnership Parent Contract**

|   | I,(par<br>understand the following requirem  | ents of the Northshore Family  | Partnership (NFP) as an         |
|---|--|--------------------------------|---------------------------------|
|   | Alternative Learning Environment (ALE) created for families who are instructing students at home:  |                                |                                 |
| • | A requirement of this program is that my child will receive instruction for 28 hours a week that is secular in nature. Time students spent in NFP classes counts toward those hours. (initials)  |                                |                                 |
| • | I affirm that I, the parent/guardian, am expected to be responsible for my child's learning outside of NFP classes for a total of 28 hours(initials)   |                                |                                 |
| • | I understand that, as the primary educator of my child, I am responsible for my child's learning of the foundational skills for all core subjects (math, science, literacy/language arts, social studies) NFP classes will focus on integration and application of those skills(initials)                                      |                                |                                 |
| • | I understand that I will be expected to attend WSLP Planning (Written Student Learning Plan) meetings as scheduled with the certificated teacher who is assigned to me as a WSLP advisor. At that initial meeting I am required to develop an academic plan for the school year. (initials)                                    |                                |                                 |
| • | I understand the requirement that my student meet monthly with their advisor to discuss their home learning(initials)  |                                |                                 |
| • | I understand that I am responsible for completing monthly Progress Reports, outlining skills, concepts and content standards addressed by at-home learning during the prior month. (initials)  |                                |                                 |
| • | I understand that failure to document student progress will result in an intervention support plan that increases one-on-one contact with my advisor to once-a-week, in order to assist me for as long as needed. If progress is not made, as outlined in the intervention plan, I may be asked to leave the program(initials) |                                |                                 |
| • | I understand that I will be able to access curriculum materials approved by Northshore School District through the NFP program, but ultimately I am responsible for obtaining curriculum and materials for my child's at-home education(initials)  |                                |                                 |
|   | signature below signifies that I und<br>Northshore Family Partnership.   | erstand and will adhere to the | above-mentioned requirements fo |
|   | Printed Name   | <br>Signature                  | <br>Date                        |