

**GALENA STUDENT AIDE CONTRACT**

|  |  |
| --- | --- |
| Fall: \_\_\_\_\_ | Spring: \_\_\_\_\_ |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_

**STUDENT RESPONSIBILITIES**

I understand and agree to the following:

• I will wear student aide identification through the entire aide period.

• I will remain with my teacher unless I have a specific job to perform elsewhere. When the job is complete, I will return directly to my teacher’s room.

• I will keep all the information received during the aide period confidential.

• I realize as an aide that I am a role model to other students which means I will model respectful and cooperative behavior.

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

**TEACHER RESPONSIBILITIES**

 I understand and agree to the following:

• I am responsible for the student aide during the period they are in my room

• I will provide meaningful work for student aide to perform.

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

Student aide is .025 credit with a P/F grade.

Peer Tutor, library, office, den, athletic, and counselor aides are .50 credit with a letter grade.

**Students must return the completed Student Aide form to the Counseling Department.**