# John Knox Christian School

**TEACHER ASSISTANT 11/12 Student Agreement**



**Student Information:**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career goals/interests:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course(s) that I am taking that will support me in this TA course:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please attach the most recent report card
* Please include the most updated résumé
* Please prepare for an interview with the classroom teacher to complete this form

**Classroom Placed**

Teacher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Times/dates of placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher Assistant Position**

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| ***An outline of tasks and responsibilities:*** (to be filled out by Teacher Supervisor with student) |

**Teacher Assistant 11/12 Agreement**

Student:

* I understand that I will be placed in a position with a teacher/staff member.
* I understand that I am accountable to the classroom Teacher/Staff Supervisor or the TA Coordinator during the agreed upon time.
* I understand that as a participant in this program I am expected to maintain a level of deportment, both in attitude and dress, consistent with the rules and regulations of Carver Christian High School.
* I agree to follow the rules and regulations of the classroom and complete the tasks outlined by my classroom Teacher/Staff Supervisor and TA Coordinator.
* I understand that if I am ill and unable to keep the scheduled hours I must contact the teacher/staff member to reschedule the hours.

Signature of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Staff Supervisor:

* I understand that the student will be coming to my classroom for this TA experience; at that time I will explain the requirements for this position.
* I understand that I will be the student’s supervisor for this course and will fulfill all paperwork needed.
* I or the Teacher Assistant Coordinator will evaluate assignments completed by the student, such as the Reading Responses, Reflections, and Final Product.
* I will complete a one-page form concerning the student’s conduct and attitude and will provide this information to Carver Christian High School on the last day of the TA experience.

Signature of Teacher/Staff Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Counselor / Teacher Assistant Coordinator:

* I understand that the student will be reporting to me throughout this TA experience and I will explain the requirements of the course.
* I understand that I will be the student’s supervisor during times when s/he is not with the Teacher/Staff Supervisor and will provide support, mentorship and resources needed.
* I will collaborate with the Teacher/Staff Supervisor to ensure that the student meets the requirements and learning outcomes of the Teacher Assistant course through work completed for the Teacher/Staff Supervisor and/or through assignments assigned by me.
* I or the Teacher/Staff Supervisor will evaluate assignments completed by the student, such as the Reading Responses, Reflections, and Final Product.

Signature of TA Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:

* In consideration of the School having arranged for the Teacher Assistant experience herein described, the undersigned parents/guardians agree jointly and severally with the School with respect to any costs or liabilities arising from any damage or injury occurring or allegedly occurring during or in connection with the aforesaid TA experience.

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_