

Hudson Area Schools Virtual Learner Contract

Student Name _____ Date _____

Hudson Administrator, parent/guardian and student agrees that virtual learning is in the best interest of the student listed above.

Parent Signature _____

Student Signature _____

Administrator Signature _____

Hudson Area Schools EDP

School Year: _____

Name _____

Graduation Goal: _____

Preferred Learning Style _____

Interests outside of school: _____

In what areas academically do you want or need to improve in (be as specific as you can)?

How will we measure improvement and when will we set the goal to be accomplished by?

In what areas socially do you want or need to improve in (be as specific as you can)? How will we measure improvement and when will we set the goal to be accomplished by?

Career Goal: _____