STUDENT CONTRACT

Student Information	
School:	
Student Legal Name: Last Name First Name Middle Name	
Date of Birth: DD MM YYYY	**Grade:**
Parent/Guardian Name:	**Phone Number:**

Review Information	
Start Date: DD MM YYYY	**First Review Date:** DD MM YYYY
Background	
Date: DD MM YYYY	**Time:**
Description of Incident:	

Steps to Action

Check staff/agencies involved in supporting the student and provide a description of supports provided by each:

- ☐ Teacher:
- ☐ Administrator:
- ☐ Wellness Coach:
- ☐ Indigenous Education Coach:
- ☐ Career Coach:
- ☐ Other:

Describe the responsibilities/actions agreed to by the student:

Review Dates		
1. DD MM YYYY	**2.** DD MM YYYY	**3.** DD MM YYYY

Signatures	
Student	
Parent/Guardian	
Principal	

Copies: ☐ Student Record ☐ Student ☐ Parent ☐ Superintendent or designate