

CONDOR HIGH SCHOOL – Options Academy WEEKLY ASSIGNMENT SHEET

Teacher Name _____ Email: _____
Phone Number _____

Student Name: _____ Assigned Date: _____ Next Appointment Date: _____ Day _____ Time _____

**I AGREE TO THE TERMS OF THIS CONTRACT AND UNDERSTAND THAT IT IS PART OF THE MASTER AGREEMENT. THE STUDENT FURTHER UNDERSTANDS THAT ASSIGNMENTS ARE TO BE TURNED IN TO THE INSTRUCTOR ON OR BEFORE THE MEETING DATE SPECIFIED ABOVE IN ORDER TO ENSURE THE STUDENT IS MAKING ADEQUATE PROGRESS.
INCOMPLETE OR MISSING ASSIGNMENTS WILL RESULT IN A RE-EVALUATION OF THIS STUDENT'S PLACEMENT IN INDEPENDENT STUDY.**

Student Signature

Date

Instructor's Signature

Date

Subject	Assignment	Completed	Grade

Subject	Assignment	Completed	Grade

Subject	Assignment	Completed	Grade

Subject	Assignment	Completed	Grade

ADA RECORDED and entered into Synergy 0 1 2 3 4 5

SUPERVISING TEACHER'S EVALUATION: MY SIGNATURE BELOW INDICATES THAT I, THE ASSIGNED SUPERVISING TEACHER, HAVE PERSONALLY EVALUATED THE STUDENT WORK

Supervising Instructor's Signature

Date Evaluated

Revised 8/17/18 kg