

Cooperative Tutoring Agreement
Act 341 of 2007
Arkansas Academic Challenge Scholarship

Student Name _____ University/College ID _____
Address _____ Phone Number _____

Student

I agree to abide by all school district rules and regulations regarding tutoring/volunteer services and any required school district volunteer training. I will abide by a professional code of ethics including appropriate attire and responsible behavior. I have completed on-line tutor training appropriate to the topics I will be tutoring.

<http://www.nationalserviceresources.org/sites/learns/web-based/support.php>
(Getting Organized and Building Relationships)

I will be responsible for maintaining all documentation of tutoring hours in Pre-K through 6th grade Literacy.

I understand that any infraction of behavior, district and/or university policies or failure to meet tutoring requirements may result in termination of this agreement.

Student signature _____ Date _____

University of Central Arkansas

UCA verifies the above named student is an Academic Challenge Scholarship recipient and is eligible to provide tutoring services as described in Act 341.

University/College Official _____ Date _____

School/District

_____ School/District agrees to allow the above named student to provide tutoring services after completion of required district training. The district will assure the tutor is supervised at all times by a district employee. Documentation of tutoring hours must be maintained by the student and verified by a school official.

School Official _____ Date _____

School/District

The district verifies the above named student completed _____ # of hours tutoring during the time period _____.

School Official _____ Date _____ Contact # _____

University of Central Arkansas

UCA acknowledges the above named student has completed the minimal hours as described in Act 341.

University/College Official _____ Date _____