

RCPS STUDENT COLLABORATIVE CONTRACT

Student : School: Homeroom Teacher: Teacher/Class:	Beginning Date: Progress Report due on:	Estimated Ending Date:
EVIDENCE OF NEED FOR COLLABORATIVE STUDY (Check appropriate choice): <input type="checkbox"/> Consistently scores high in tests related to modified field <input type="checkbox"/> Needs opportunity to explore interest areas <input type="checkbox"/> Needs differentiated curriculum to stimulate motivation		
GENERAL AREA OF STUDY (check all that apply) <input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Science <input type="checkbox"/> Social Studies Other _____ _____	SPECIFIC AREA OF STUDY Standards: In his/her study of: The student will: _____ _____	
Specific Learning Objectives for Study: (T) Classroom teacher (G) Gifted Program teacher To develop skills in: <input type="checkbox"/> Communication <input type="checkbox"/> Research <input type="checkbox"/> Independent study <input type="checkbox"/> Creative/Critical Thinking	Specific Teaching Activities for study: <input type="checkbox"/> Compacting <input type="checkbox"/> Tiered assessment <input type="checkbox"/> Independent Study <input type="checkbox"/> Tic Tac Boards <input type="checkbox"/> Learning Centers <input type="checkbox"/> Literature Circles <input type="checkbox"/> WebQuests <input type="checkbox"/> Other Reasearch	
Dates of Lessons:	Amount of Time Served: (in segments) 40 minutes = 1 segment :	Assessment Procedures (check choices): <input type="checkbox"/> Rubric <input type="checkbox"/> Confernces <input type="checkbox"/> KWI Charts _____ Presentation <input type="checkbox"/> Portfolio <input type="checkbox"/> Daily Work <input type="checkbox"/> Checklists <input type="checkbox"/> Journals <input type="checkbox"/> Other: name _____

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CLASSROOM TEACHER SIGNATURE _____	DATE _____

GIFTED PROGRAM TEACHER SIGNATURE _____	DATE _____

PARENT SIGNATURE _____	DATE _____

STUDENT SIGNATURE _____	DATE _____
