## **Murrieta Valley Unified School District**



## **Teacher Assistant/Office Aide Agreement**

STUDENT NAME:	GRADE:	PERIOD REQUESTED:
The student will benefit from the Teacher Assistant/ Office Aide assignment for the following reason/s: (check all that apply)		
☐ The student will learn basic office and communication skills		
☐ The student will assist other students within the classroom setting (tutoring)		
☐ The student will learn basic skills to become an educator		
General Rules:		
<ol> <li>I understand that I am enrolled in this class for the entire semester or year.</li> <li>I will support the classroom or office environment and learn classroom and/or office working conditions.</li> <li>I will adhere to school rules and the dress code policy.</li> <li>As a Teacher Assistant/Office Aide, I will follow school rules regarding attendance and tardies.</li> <li>I will maintain student confidentiality at all times.</li> <li>As a Teacher assistant/office aide, I will take the initiative to assist classroom and office staff with necessary tasks during each class period. If I complete my assigned work, I will work on my own homework or read quietly and not be a distraction in the office or classroom.</li> <li>I am expected to deliver all packages and messages promptly.</li> <li>As a Teacher Assistant/Office Aide, I know that I am responsible for maintaining good grades, behavior and attendance in all classes and will be a role model on campus.</li> <li>As a Teacher Assistant/Office Aide, I will be assigned a Pass or Fail grade from the staff member of record which will be reflective of my performance, which I understand is not calculated in my GPA.</li> </ol>		
Teacher approval is required and the signature below indicates that I approve of this student as a Teacher Assistant/Office Aide.		
Teacher Name Teacher Signature		Date
The initials of both Parent/Guardian and Counselor are required below:  PARENT/ COUNSELOR GUARDIAN		
I understand that Teacher Assistant/Office Aide is an elective class and will benefit the student.		
The student will not be assigned as a Teacher Assistant/Office Aide unless all core class requirements have been met and the student is on track for graduation.  The student will not be assigned as a Teacher Assistant/Office Aide due to insufficient course offerings during the relevant class period.		
The signatures below indicate the student, parent/guardian and principal/assistant principal consent to and have determined that the student will benefit from the Teacher Assistant/Office Aide assignment.		
Student Name Studen	t Signature	
Parent/Guardian Name Parent	Guardian Signatui	re
Counselor Signature Princip	al/Assistant Princ	pal Signature
Date Date		