## **SCIDES Responsibilities Agreement**

Note that the following are required expectations of enrollment with SCIDES. Please sign below to signify you have read and understood these expectations.

Student Full Name:		
Student Signature :		

## PARENT/HOME FACILITATOR:

- Collaboratively develop the Student Learning Plan in cooperation with SCIDES teachers
- o Support student learning by participating in parent/teacher/student conferences
- o Communicate regularly with your SCIDES teacher(s)
- o Monitor student progress in relation to course goals, timelines, and course expectations
- Ensure evidence of work is submitted regularly for assessment to the SCIDES teacher(s)

### **STUDENT:**

- Work closely with the Home Facilitator and SCIDES staff
- o Collaboratively create your Student Learning Plan in cooperation with SCIDES teacher(s)
- Actively participate in coursework
  - review course materials regularly and submit assignments at least biweekly
  - Communicate regularly with your teacher(s)
  - execute goals, pacing schedules, and course expectations
- Complete assignments to the best of your ability and ask for help when needed
- o Treat SCIDES course materials with respect

### **SCIDES TEACHER:**

- Collaboratively develop the Student Learning Plan in accordance with BC Ministry of Education program requirements
- o Communicate appropriate goals, pacing schedules, and course expectations
- o Provide and/or pre-approve learning resources to meet the Student Learning Plan
- o Deliver the curriculum through online platforms and personal interactions
- Engage students in ways which respect individual student needs including those with Special Education designations
- Assess student work and provide feedback and progress reports in a timely manner
- o Provide support and guidance to the Home Facilitator
- o Ensure ongoing communication with parents, counselors, school contacts and students,
  - May include home visits, video conferencing, email, telephone, and onsite visits



# ...a Distributed Learning School

**South Central Interior Distance Education School** 

Principal: Mrs. Karen Goetz

PO Box 4700 Station Main Merritt, BC V1K 1B8 CANADA Phone: 250-378-4245 Toll-free in Canada: 1-800-663-3536 Fax: 250-378-1447

www.scides.org

## **Grade 8 & 9 Student Learning Plan**

Please note that all of the following courses are required as grade 8 ad 9 program components as determined by the BC Ministry of Education and should appear on the Student Learning Plan (SLP).

In order to meet grade 8 requirements, students must complete:				
0 0 0 0	English 8 Socials 8 Math 8 Science 8 Physical and Health Education 8 er to meet grade 9 requirements, students mus	o o o o	French 8 Elective Course in Fine Arts Elective Course in Applied Skills Career Education 8	
o o o o Applie	English 9 Social Studies 9 Math 9 Science 9 Physical and Health Education 9 d Skills and Fine Arts Electives at SCIDES:	0 0 0	French 9 Elective Course in Fine Arts Elective Course in Applied Skills Career Education 9	
0	Applied Design Skills and Technologies portfolio based elective 8 and 9:  Drafting, Electronics & Robotics, Entrepreneurship and Marketing, Foods, Information Technology, Media Arts, Metalwork, Power Technology, textiles, Woodwork	0	Fine Arts portfolio based elective 8 and 9:  Dance, Drama, Theater, Singing	

# **Grade 8 & 9 Student Learning Plan**

Date of SLP:		
	ng plan; the family is expected to co discuss these plans. We will further	
Student Name:		
Grade:		
Program Option A:	e complete either Program Option  full time and taking all courses with	
Parent/Guardian name		
Relationship to student:		
Home facilitator:		
Email:		
Day Phone #:		
Program plans for this year		
Grade 8 or 9 courses:	Grade:	Planned Start Date:
Francisk	I .	

Grade 8 or	r 9 courses:	Grade:	Planned Start Date:
English	or		
Social Studies	Humanities 8/9		
Math			
Science			
Physical and Health Education			
Fine Arts Elective			
Applied Skill, Design, and Technologies Elective			
French			
Career Education			

# **Program Option B:**

**Cross-enrolled** with SCIDES for just one or two courses, you attend another school full time

Parent/Guardian name:		
Relationship to student:		
School of record name		
(SOR):		
SOR Counsellor or		
Advisor Email:		
SOR Counsellor or		
Advisor Day Phone #:		
I have discussed taking	Yes	No
this course(s) with my		
SOR and family		

Now please list what courses you plan to take at SCIDES and what courses you are taking at your school of record:

Courses planned for SCIDES this year	Courses taking at your school of record this year: (List in these two columns)	
(List in <b>this</b> column)	Course	Start Date