

Home Telephone

Work Telephone

TEACHER	
<b>ASSIGNMENT</b>	

## OFF-CAMPUS DISTANCE LEARNING DURING COVID-19

Date/Time Stamp

Student Last Name	Student First Name	Grade (2020-2021)	School of Attendance	
	That Name	(=====)		
My student is an English Learner.		My student has IEP services.		
My student has a Section 504 plan.		My student receives RTI services.		
My student has a laptop/Chromebook/iPad.		My family has internet access.		
Other				
instruction through Seesaw TK-5 •Student(s) will receive an engagin Teacher(s). •Students stay current in grade le •Teacher(s) provide instruction of •Ripon Unified grading policies an •We understand that the elementa trimester at a time. The high scho •We understand that this option e •This distance learning option allo	ng, interactive currivel academics thround in the small group in the in place and stude ary commitment is fool commitment is focked accommitment is focked in the student	culum from Righ California astruction as needs are account or a minimum or a full semes from sports an	standards-based instruction. eeded, and regular feedback. ntable for full participation. of one full trimester and a ter at a time. nd other on campus activities.	
Student Signature	Date			
Student Name (please print)				
Parent Signature	Date			
Parent Name (please print)				
Street	City	State	Zip Code	

Cell Telephone