

Learning Coach Designation Form

Form Facts

This form documents the relationship between the Parent/Legal Guardian and a designated Learning Coach. **It authorizes a Learning Coach to communicate with teachers and school staff about the child(ren).** This form has two parts: the first page must be signed by the primary Parent/Legal Guardian, and the second page by the Learning Coach. **Both pages must be completed and submitted together.**

Submission Instructions: Submit documents via fax to 407-377-8330 or email to FLVSK12records@flvs.net.

Primary Parent/Guardian Section (page 1 of 2)

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

- I understand that I am designating the Learning Coach named on page 2 for the child(ren) listed above.
- I authorize the Learning Coach to communicate with my child(ren)'s teachers concerning all aspects of their participation in FLVS FT.
- Only the legal custodial parent/guardian may create a parent portal FOCUS account. This form does not give the Learning Coach permission to have a FOCUS parent portal.
- The Learning Coach will not have access to FOCUS or have any decision-making authority regarding my child's records or information.
- I assume all liability for actions taken by the Learning Coach related to my child(ren) or the school.
- I assume responsibility to ensure that the Learning Coach designee complies with the terms of this agreement & the FLVS FT School Handbook.
- I will notify the FLVS FT Enrollment department if the Learning Coach's role needs to be terminated.
- Compensation arrangements, if any exist, between the Learning Coach and me are not the responsibility of FLVS FT or any third-party service provider.
- Designating a Learning Coach does not authorize them to operate a public school.
- I will continue to have access to FOCUS as the primary parent.
- I understand the Learning Coach's contact information cannot be the same as mine.

By signing below, I confirm that I am the primary legal custodial parent/guardian of the child(ren) listed above, and I have read, understand, and agree to the terms of this agreement.

Primary Parent/Legal Guardian:

Last Name

First Name

Middle Name

Please print and sign.

Signature

Date

Legal Guardian Email Address **(required)**

Legal Guardian Phone Number **(required)**



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Learning Coach Section (page 2 of 2)

This page must be signed by the Learning Coach designated by legal parent/guardian.

- I am at least eighteen (18) years of age.
- As a Learning Coach, I am authorized to communicate with the listed child(ren)'s teacher(s) and school staff about their participation in school.
- I understand **I will not have access to FOCUS or any decision-making authority regarding the child's records or information.**
- I agree to comply with the terms of this agreement and the policies outlined in the FLVS FT School Handbook.
- If I violate this agreement, the school will notify the child(ren)'s primary parent/legal guardian, and my role as Learning Coach will be terminated for all listed students.
- I will use my role only for its intended purpose.
- I understand that the child(ren) is/are enrolled in a full-time public school with specific rules, standards, a school calendar, and assessments.
- I will ensure the child(ren) listed below complete their work and make adequate progress as defined by their teacher(s).
- I will participate in and ensure the child(ren) participate(s) in regular communication with their teacher(s).

By signing this agreement, you confirm that you, as the Learning Coach designated by the primary parent/guardian, have read, understand, and agree to the terms above.

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Learning Coach Designee:

Last Name First Name Middle Name

Relationship to
child(ren)

Email address

Please print and sign.

Signature

Phone

Date

