

Exam Supervisor Agreement

This form is to be completed by the parent/guardian exam supervisor and submitted to the DLC instructor when the first exam is requested. It is not necessary to complete it again for additional exams with the same supervisor.

Student Name _____

Course Name _____

Supervisor Name _____

Relationship to Student _____

Email _____

Phone Number _____

Please read and initial each statement, sign and date below, and return this form to the teacher.

____ I have read and agree to abide by the conditions specified in the *Supervision Guidelines for Home-Based Students*.

____ I agree to follow all course-specific exam expectations as specified in the *Supervision Guidelines for Home-Based Students*.

____ I agree to follow all instructions included in the teacher's email and/or on the exam cover page.

____ I agree that I will not help the student in any way or allow the student to access any external help during the writing of any exam. If the student requires accommodations, this must be discussed with the teacher in advance.

____ I understand that home-supervised exams may not be counted, for reasons specified in the *Supervision Guidelines for Home-Based Students*.

____ I understand that the teacher may require, at his or her discretion, that any chapter or unit exam be written or rewritten under the supervision of a proctor.

Signature _____

Date _____