

**Charles County Literacy Council, Inc.**

**LEARNER AGREEMENT**

I would like to receive free literacy tutoring services through the Charles County Literacy Council. With my signature, I understand and agree with the following statements. I also understand that I may not continue to receive services if I do not comply with the following:

- I understand that my tutor is a volunteer and is freely giving his/her own time.**
- I understand that I must also give time and effort at tutoring sessions and on my own in between sessions to achieve my goals.**
- I will make every effort to come to my tutoring sessions at the times I have set with my tutor.**
- I will call my tutor or (or the Literacy Council if I can't reach my tutor) if I must miss a session or be late to a session. I will give as much notice as possible..**

My goals:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessor (if read to student.)