

# Murrieta Valley Unified School District



## 2023 - 2024 Teacher Assistant/Office Aide Agreement

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ PERIOD REQUESTED: \_\_\_\_\_

The student will benefit from the Teacher Assistant/ Office Aide assignment for the following reason/s:  
(check all that apply)

- The student will learn basic office and communication skills
- The student will assist other students within the classroom setting (tutoring)
- The student will learn basic skills to become an educator

### General Rules:

1. I understand that I am enrolled in this class for the entire semester or year.
2. I will support the classroom or office environment and learn classroom and/or office working conditions.
3. I will adhere to school rules and the dress code policy.
4. As a Teacher Assistant/Office Aide, I will follow school rules regarding attendance and tardies.
5. I will maintain student confidentiality at all times.
6. As a Teacher assistant/office aide, I will take the initiative to assist classroom and office staff with necessary tasks during each class period. If I complete my assigned work, I will work on my own homework or read quietly and not be a distraction in the office or classroom.
7. I am expected to deliver all packages and messages promptly.
8. As a Teacher Assistant/Office Aide, I know that I am responsible for maintaining good grades, behavior and attendance in all classes and will be a role model on campus.
9. As a Teacher Assistant/Office Aide, I will be assigned a Pass or Fail grade from the staff member of record which will be reflective of my performance, which I understand is not calculated in my GPA.

Teacher approval is required and the signature below indicates that I approve of this student as a Teacher Assistant/Office Aide.

\_\_\_\_\_  
Teacher Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

The initials of both Parent/Guardian and Counselor are required below:

PARENT/ COUNSELOR  
GUARDIAN

\_\_\_\_\_ I understand that Teacher Assistant/Office Aide is an elective class and will benefit the student.

\_\_\_\_\_ The student will not be assigned as a Teacher Assistant/Office Aide unless all core class requirements have been met and the student is on track for graduation.

\_\_\_\_\_ The student will not be assigned as a Teacher Assistant/Office Aide due to insufficient course offerings during the relevant class period.

The signatures below indicate the student, parent/guardian and principal/assistant principal consent to and have determined that the student will benefit from the Teacher Assistant/Office Aide assignment.

\_\_\_\_\_  
Student Name

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

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Principal/Assistant Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date