Flexible Seating

STUDENT CONTRACT

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, understand that flexible seating is a privilege. I promise to use our classroom seating options the way they were designed to be used. Each day, I will strategically choose a seat option that will help me do my best. If my seat is not working for me, I can replace it! I will choose a seat that will allow me to stay on task and not interrupt those around me.

I understand that our flexible seating options are here to help me  learn and should be treated with respect like all classroom materials.

If Miss Boutell sees that I am not following our agreement she can remove my chosen seat for the day, or permanently.

I will responsibly mark when I use a flexible seating option & wait for my turn to use it again.

If I am not sure, or have questions, about the seating choices I will ask my teacher.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Student Signature Date

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

