

# Guidance Agreement

Date: \_\_\_\_\_

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

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

**Dear [Student's Name],**

This letter serves as a formal agreement outlining the guidance program you will be participating in during the academic year [Year]. The purpose of this agreement is to establish a clear understanding of our roles and responsibilities in supporting your educational journey.

## **Roles and Responsibilities**

- **Student Responsibilities:**
  - Attend all scheduled guidance sessions.
  - Complete assignments and provide honest feedback.
  - Communicate any challenges or concerns promptly.
- **Guidance Counselor Responsibilities:**
  - Provide support and resources to assist your academic success.
  - Maintain confidentiality regarding personal information.
  - Offer feedback and guidance throughout the process.

## **Duration of Agreement**

This agreement will commence on [Start Date] and will conclude on [End Date].

## **Signatures**

By signing below, both parties agree to the terms outlined in this document.

\_\_\_\_\_

Student Signature

Date: \_\_\_\_\_

\_\_\_\_\_

Guidance Counselor Signature

Date: \_\_\_\_\_

**Thank you for your commitment to your education.**