

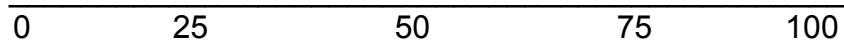
# ICAN 2012 Completion Agreement



Student Name: \_\_\_\_\_ ICAN lab Teacher: Mr. Monte

Subject: \_\_\_\_\_ Online Teacher: \_\_\_\_\_

1. What percent (%) of the class have you completed? (put an x on your location)



2. You have been in this class for \_\_\_\_\_ weeks.

3. Pick a date that you think you can complete this class by:

14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1 Nov.	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22 holiday	23 holiday	24

Comments / Notes:

Student signature \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

**Mr. Monte:** \_\_\_\_\_

**Fell free to call or email me with questions:**

**509-994-0037**

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