



# Reading/Math Intervention Program School/Parent Compact Secondary

**As a student, I agree to:**

1. Attend school every day unless I am sick, arrive at school on time, and work hard in math class and with my teacher.
2. Complete my assignments, including homework. Make the most of my time everyday. Keep track of my grades with ProgressBook.
3. Participate and be prepared with my materials and supplies in class.
4. Ask my teacher for help when I do not understand.

**As a parent/guardian, I agree to:**

1. Have my child attend school unless he/she is ill, arrive at school on time, and have all the required materials and supplies.
2. Assist with homework by asking guided questions and provide time and a quiet workspace. Check in with ProgressBook online.
3. Attend parent conferences and Title I activities.
4. Read with my child, or ask my child about his/her reading. Link reading and math to everyday life situations.

**As a Title I teacher, I agree to:**

1. Provide parent/guardian communication as to the progress of the child through teacher/parent conferences, notes home, grade cards, and progress reports.
2. Be a positive and encouraging role model. Be available and approachable. Respect the student as an individual.
3. Provide motivating intervention strategies.
4. Collaborate with the classroom teacher.

We agree to the Title I Compact on this date \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Title I Teacher Signature

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

\_\_\_\_\_  
Principal Signature

I would like to OPT OUT of this program for my student.

Student Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

STUDENT Contact Information: \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT Contact INFORMATION

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*PARENTS, do you prefer to be contacted by phone or email? \_\_\_\_\_