

Mifflin Park Elementary School

Title I Home/School Involvement Compact

TEACHER:

I understand the importance of the school experience to every student and my role as an educator and model. I agree to carry out the following responsibilities to the best of my ability:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the children served under this part to meet the challenging State academic standards.
2. Strive to address the individual needs of your child.
3. Communicate with you about your child's progress, ensuring regular two-way, meaningful communication between family members and school staff and, to the extent practicable, in a language that family members can understand.
4. Provide a healthy and safe learning environment.
5. Treat each child with dignity and respect.

Teacher Signature _____ Date _____

STUDENT:

I know my education is important to me. It will help me become a better person. I know my parents want to help me, but I must do the work. I agree to do the following:

1. Ask others for help.
2. Come to school prepared with my homework and supplies.
3. Be responsible for my own behavior and make good choices.
4. Listen to my teacher and do my best work.
5. Be respectful to all school members and to school property.

Student Signature _____ Date _____

PARENT/CAREGIVER:

I realize that my child's school years are very important. I also understand that my participation in my child's education will help his/her achievement and attitude. I agree to carry out the following responsibilities to the best of my ability:

1. Support my child's learning.
2. Volunteer in my child's class.
3. Participate, as appropriate, in decisions relating to the education of my child and positive use of extracurricular time.
4. Make sure my child attends school daily and arrives on time.
5. Check homework and provide a quiet place to complete it.
6. Respond to school communications and attend school functions.
7. Listen to my child read daily.
- 8.

Parent/Caregiver Signature _____ Date _____