



Park Hill School District

Park Hill School District Response to Intervention Teachers/Students/Parent/School Compact

Date of Compact: _____

The schools in the Park Hill School District will reach their mission if students, teachers, and families actively participate as members of a mutually supportive team. The understanding of the terms of this compact, along with proper follow through, will aid in the support of your child's success this school year. Working together, we will maximize the learning potential of all students and ensure that everyone has a positive experience. Below are some suggestions for team members.

Teachers	Parent and other Family Members	Student
Provide extra communication to parents/guardian <ul style="list-style-type: none"> • Telephone calls • e-mail • Written notes • Progress reports • Title I Parent nights 	Spend time with my child on school work: <ul style="list-style-type: none"> • Talking about class activities and new learning • Checking work for neatness, correctness, completeness • Reviewing for quizzes and tests • Practicing spelling/vocabulary words; math facts • Reading to my child 	Find a quiet place to: <ul style="list-style-type: none"> • Practice spelling/vocabulary words and/or math facts • Practice writing • Read! Read! Read! • Finish schoolwork
Regularly ask the student about his or her academic progress	Set aside a quiet time for my child to finish school work and to read with some supervision and help	Keep a reading book with me to have at the dentist, doctor, in the car, before going to sleep, etc.
Provide additional help in class	Limit the amount of time my child spends watching TV and playing video games	Watch less TV and spend less time playing video games
Provide a quality curriculum	Be sure my child is always at school and arrives on time every day	Come to school everyday and be on time to school every day
Provide an effective learning environment	Care for the physical needs of my child by: <ul style="list-style-type: none"> • Gets eight (8) or more hours of sleep • Eats healthy foods • Plays or exercises outdoors • Is in good physical health 	Cooperate with my parent(s)/guardian by: <ul style="list-style-type: none"> • Sleeping eight (8) or more hours at night • Eating healthy foods • Exercising and playing outdoors
Collaborate with other teachers for ideas and assistance	Communicate with my child's teachers by: <ul style="list-style-type: none"> • Attending conferences • Checking and signing plan book or homework folder • Signing and returning permission forms; progress reports; report cards, teachers notes 	Have good classroom behavior: <ul style="list-style-type: none"> • Be positive. • Be respectful. • Be in control. • Be determined.
Implement the Reading Support Plan	Attend school activities; volunteer in the classroom; encourage my child to regularly use the library	Carefully complete my school work and turn it in on time to my teachers

Child's Name: _____

Grade Level: _____

Parent Signature: _____

Child's Name: _____

Grade Level: _____

Parent Signature: _____