

Robbinsdale Area Schools Title I Parent Compact/Program Permission 2017-2018

area schools					
STUDENT NAME		GRADE	Room		
Dear Parent/Guardian,	ear Parent/Guardian,				
· · · · · · · · · · · · · · · · · · ·	Your child will be participating in Lakeview Elementary school wide Title I program. School wide Title I is a federally funded program that provides students with extra opportunities and practice academic skills.				
All service is under the direction of the classroom teacher and/or resource teacher. Highly qualified Title I education assistants and specially trained volunteers may assist with this service.					
We welcome parents to be involved in Title teacher.	e I program decisions. Plea	ase sign this fo	rm and return it to your chil	d's	
As School (Classroom and Resource	Teachers) We			
 Provide high quality curriculum and instruction state academic standards in reading and mat 	* *	ve environmei	nt that enables your child to	meet t	
 Hold conferences and discuss your child's act Provide parents with frequent reports of you Provide reasonable access to staff and oppor Respect the differences of students, their fan 	ır child's progress. tunities to observe, volur	iteer and parti	cipate in your child's class.		
eacher signature and contact information	Date	Resource teach	er signature and contact inform	nation	
	As a Parent/Guardian,	l			
Promote consistent attendance. Encourage high standards of academic a Find out how my child is doing by attend Spend time each day with my child readi Respect and encourage my child's growt	ling conferences, looking ing, writing, listening or ju	at my child's h	-		
Parent signature		Date	<u> </u>		
	As a Student, I				
Do my best to get to school on time ever Do my best in class and complete my best	• •				
 Do my best in class and complete my hor Discuss with my parents what I am learn 					
 Have a positive attitude toward self, oth 	-				
Respect the differences of other student					
Student signature		Date			

ĺ	