

Please Respond  
in English

English  
School-Parent Compact

### School-Parent Compact

Date: \_\_\_\_\_  
(mm/dd/yyyy)

Dear Parent or Guardian:

**We value what you do to help your child succeed in school. One part of our school’s parent and family engagement policy is this school-parent compact. This compact is developed jointly with parents and identifies ways you and school staff can share the responsibility for supporting your child’s learning.**

***School’s Responsibility:***

- We will provide high quality curriculum and instruction in a supportive and effective learning environment
- We will provide you with assistance in understanding academic achievement standards and tests, how to track your child’s progress, and how to establish an successful homework setting and routine
- We will provide opportunities for regular communication between you and teachers through:
  - parent-teacher conferences,
  - frequent reports about your child’s progress,
  - opportunities to talk with staff, volunteer in class, and observe classroom activities,
  - ensuring regular communication between family members and school staff to the extent possible, in a language that family members can understand

***Parent’s Responsibility:***

- Encourage your child to attend school regularly
- Encourage your child to use positive school behavior
- Set regular times for homework and support effort, completion, and correctness
- Set limits on the amount of time your child spends in front of a screen such as a television, smartphone, or computer and encourage positive use of your child’s additional time
- Volunteer in your child’s school and classroom if time or schedule permits
- Attend parent-teacher conferences and when it is appropriate, participate in decisions about the education of your child.

Please review this School-Parent Compact with your child. This School-Parent Compact may be discussed with you during a parent-teacher conference as it relates to your child’s progress in school.

Thank you for your support and involvement in your child’s education. Please contact the person listed below for more information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please sign and date below to show that you have read and received this information. Please return the entire form to your child’s teacher.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY				
Student ID #	Student Name	Date Distributed	Faculty Name	Faculty ID #