

Parent/Teacher /Student Compact

Midland ISD

We at Midland ISD recognize that our leaders of tomorrow must possess many skills to be successful. Our citizens must be innovative problem solvers, self-reliant, and literate. In addition, we recognize the need for us all to have a mutual understanding and respect for one another and our differences. We at Midland ISD pledge to instill in our students these skills and qualities.

We will provide a positive learning environment for all of our students in order to foster high self-esteem, and confidence that they will succeed in the world of tomorrow.

ACTIONS TO BE TAKEN BY THE STUDENT:

I will do my best to:

- | | |
|---|--|
| <input type="checkbox"/> Pay attention during class | <input type="checkbox"/> Complete work on time |
| <input type="checkbox"/> Listen to and follow directions | <input type="checkbox"/> Turn in assignments, including homework |
| <input type="checkbox"/> Come to class with materials needed | <input type="checkbox"/> Apply skills already learned |
| <input type="checkbox"/> Participate in class | <input type="checkbox"/> Use assignment sheet (if applicable) |
| <input type="checkbox"/> Use time productively | <input type="checkbox"/> Ask questions as needed |
| <input type="checkbox"/> Practice math facts 15 minutes a day | <input type="checkbox"/> Work cooperatively with others |
| <input type="checkbox"/> Read 15-20 minutes a day | <input type="checkbox"/> Respect others |
| <input type="checkbox"/> Follow classroom & school rules & expectations | |

Other: _____

Student Signature: _____

ACTIONS TO BE TAKEN BY THE TEACHER:

I will do my best to:

- | | |
|--|---|
| <input type="checkbox"/> Provide a safe and caring learning environment | <input type="checkbox"/> Provide tutoring as needed |
| <input type="checkbox"/> Provide individualized lessons as needed | <input type="checkbox"/> Attend school functions |
| <input type="checkbox"/> Provide computer time for skills | |
| <input type="checkbox"/> Provide supplementary instructional materials | |
| <input type="checkbox"/> Keep you informed of your child's progress on a regular basis | |
| <input type="checkbox"/> Provide suggestions with ways to help your child at home | |

Other: _____

Teacher's Signature: _____

ACTIONS TO BE TAKEN BY THE PARENT:

I will do my best to:

- | | |
|---|---|
| <input type="checkbox"/> Provide study area and study time | <input type="checkbox"/> Provide homework assistance |
| <input type="checkbox"/> Monitor TV and phone use | <input type="checkbox"/> Provide positive reinforcement |
| <input type="checkbox"/> Attend parent/teacher conferences | <input type="checkbox"/> Attend school functions |
| <input type="checkbox"/> Have positive daily communication with child | <input type="checkbox"/> Have my child at school on time |
| <input type="checkbox"/> Provide set bedtime for adequate sleep | <input type="checkbox"/> Read with my child daily |
| <input type="checkbox"/> Practice math facts with child daily | <input type="checkbox"/> Follow drop off and pick up procedures |
| <input type="checkbox"/> Check assignment sheet daily | |

Other: _____

Parent Signature: _____

THANK YOU FOR YOUR COMMITMENT TO OUR PARTNERSHIP