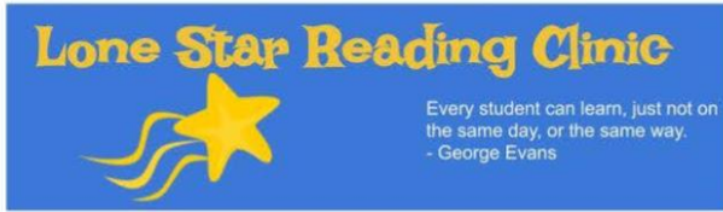


Title I Parent – Student – Teacher Compact Form

Updated 2023-2024



Section 1 of 3

Reading Clinic Student Application

A Federal Title I - Targeted Assistance Program

Your child **STUDENT** has qualified to receive additional reading support from the Title I Reading Clinic, where they will work with an intervention team along with a certified Reading specialist. Several factors determine your child's recommendation in attending the reading clinic:

- *Student's performance score on the STAR (Early STAR) literacy screening (K-3)
- *Student's performance on a diagnostic literacy assessment: Woodcock Reading Mastery Test-III (WRMT-III)
- *Classroom teacher observation and referral

Students who attend the Title I Reading Clinic will participate in 30-minute individual or small group intervention sessions Monday through Thursday. You may learn more about the Title I Reading Clinic by reading the brochure insert or visit the Reading Clinic webpage on the school website.

Title1 Brochure Attached. Please keep for your Reading.

Tutoring Services:

Tutoring Services:

The Reading Clinic also provides two sessions of before or after-school tutoring. Each session (fall & spring) runs for seven weeks, where students attend two times per week. There is no cost for this extended program. Additional information will be sent home at a later date.

DECLINE TITLE I SERVICE SECTION:

ONLY IF YOU WISH TO DECLINE the Lone Star Reading Clinic's services to your child, please mark the box below and click past the remaining sections until you reach the submit button:

I do not wish my child to receive Title I services at this time; therefore, I decline this referral.

Parent/Guardian has checked box to decline services for student

ACCEPTANCE OF TITLE I SERVICE SECTION:

IF YOU AGREE to your student attending the Title I Reading Clinic, please proceed and complete the following sections: Permission & Compact Agreement and Parent Survey. Thank you, and we look forward to working with your child.

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Permission and Compact Agreement:



Parents + Faculty = Partners for Excellence

Date of Agreement

Month, day, year



Student's Name

Short answer text

Student's Date of Birth

Month, day, year



Parent/Guardian Name

Short answer text

It is essential families and schools create an alliance to help students experience academic success. The following section lists the roles and responsibilities that we as partners will carry out in supporting the student's success in school and life.

Each member of the team will read and acknowledge responsibility.

Teacher Responsibility:

It is the school's responsibility to provide your child with every opportunity to learn and grow.

As the teacher, this incorporates:

- # Maintaining a quiet and organized workplace conducive to instruction and learning
- # Having high expectations of myself and my students
- # Providing instruction and assignments appropriate for the skill and development required by state and district standards
- # Continual monitoring of student's work to ensure understanding and success
- # Communicate regularly with parents via written notices, emails, phone calls, and conferences regarding student's progress or areas for improvement.

*Your teacher acknowledges and honors the above responsibilities.

Parent/Guardian Responsibility:

- # Expect my child to complete and return daily homework assignments independently and discuss their results for improved learning
- # Emphasize the positive events at school and help my child resolve issues of concern and conflict
- # Support the discipline policy and reinforcing expectations of my student
- # Read to and listen to my child read
- # Ensure my child gets adequate rest and is in school on time
- # Attend conferences to discuss my child's progress and attend events which showcase my child's work
- # Ensure my child attends literacy opportunities provided by the school, such as family reading nights
- # Provide and maintain accurate information on my child's contact and academic records

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As the parent/guardian, I support Lone Star and the Title I program in providing my child with ^{*} the optimum opportunity for learning.

Agree

We occasionally reward behavior and achievement with sweet treats (candy). Is your child allowed to receive candy (sour, sweet, chocolate)? FYI: If not, we give stickers for rewards.

YES

NO

Student Responsibility:

- #Be in class on time, every school day, with my homework in hand and prepared to work
- #Allow my teacher to teach, and everyone in the class to learn
- #Complete my assignments on time and accurately
- #Keep my hands, feet, objects, and negative comments to myself
- #Respect others and their property
- #Attend school regularly, and not have many days absent
- #Try my best but ask for help when I need it

As a student, I agree to responsibilities and will focus on what is important in meeting my learning goals.

Agree

Section 3 of 3

Parent Survey



Literacy research shows that some reading difficulties could be the result of underlying physical or mental developmental issues. Please take a moment to review the following questions and only check-mark the ones that apply to your child.

Family History:

Please check all that apply

Are there any family members that have experienced a reading disability?

YES

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If the above question is YES, please check all that apply:

	Father	Mother	Sibling	Grandparent
Dyslexia - Having i...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysgraphia - Havin...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral & Written Lan...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and Langu...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention-Deficit Di...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY I...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student History: Please check all that apply

- Chronic ear infections resulting in tubes placed in the ears
- Critically ill or required hospitalization
- Must wear eyeglasses or corrective lenses when viewing or reading
- Hearing issues that require a hearing device
- Has an established Individualized Education Plan (IEP) for reading and attends a special education resou...
- My child takes medication for attention-related issues

Student Academic Information: Please check all that apply

- English is a second language for student

Student has been retained: if applicable

- Preschool
- Kindergarten
- First Grade

Student Development: Please check only the issues that student experiences "often" or "always"

- Trouble organizing time and materials
- Easily distracted by sights and sounds
- Performs actions or procedures "too" quickly
- Overactive or becomes quickly "fidgety"

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- Problems with directionality such as; left/right, up/down, before/after
- Difficulty remembering alphabet letter names and/or sounds
- Needs many repetitions to learn a new task
- Problem finding the right word and/or speaking correct grammar (includes baby talk)
- Problem listening and understanding verbal directions, information, or stories

Literacy Skills: Please check only the issues the student has difficulties with "often" or "always"

- Reverses certain alphabet letters or words (b for d, saw for was)
- Problem remembering what they have heard
- Poor or illegible handwriting
- Difficulty remembering common sequences, such as numbers, alphabet, calendar, patterns

The above information will help guide us in developing an appropriate learning intervention for your child. We appreciate your time to complete the survey.

Please submit form