

# Learning Partnership Agreement

**This Page must be verbally discussed and signed at Initial Family Meeting**

As the learning coach of my child, I agree to the following:

\_\_\_ **To support my child in their educational journey at [REDACTED] This includes but is not limited to:**

- Staying up to date on their progress daily/weekly and **helping hold them accountable for completing work daily**. A student who falls behind more than 2 weeks (10-15%) in any subject may need to have a support meeting with the principal and their learning coach, depending on the circumstances of each individual student.
- Referring to **emails** for relevant and important information regarding my child's education **INCLUDING DAILY ATTENDANCE EMAILS**
- Ensuring my child has a quiet, clean, and distraction free area to complete work daily
- Communicating with my child about their schoolwork, expectations, requirements, and showing an interest in what they are learning to discover any extra support that may be needed

\_\_\_ **To bring my child to the school during the times our teacher requests for the required district-wide assessments and other academic activities multiple times per year\* (special circumstances are honored)**

- iReady assessments for math and reading
- Easy CBM for reading fluency
- OAKS/Smarter balanced state testing (as applicable)
- Intervention small group lessons (as needed)
- As applicable, in-person learning opportunities that are recommended

\_\_\_ **To help be responsible for my child's attendance, including logging in to schoolwork daily, staying caught up in all classes, replying to the daily email, and seeking help when needed.**

\_\_\_ **To attend regular check-in meetings with the [REDACTED] teacher. I understand two consecutively missed meetings with no communication to the teacher may result in a support meeting with the principal.**

\_\_\_ **I understand my child may not participate in any field trips off campus before my child has participated in 2+ academic support sessions in person.**

\_\_\_ **Once classes begin, to commit to [REDACTED] for a full term (semester) without transferring to another [REDACTED] school after the 10 day grace period. Any transfer of my student midterm out of [REDACTED] will be subject to determination by the district's student services department, the principal and the teacher, and only for extenuating circumstances.**

\_\_\_ **While on campus, my child will abide by [REDACTED] Expectations and Procedures (information will be provided).**

Student Name and Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (Print and Sign) \_\_\_\_\_

Staff Signature and Date \_\_\_\_\_