Dear Parent/Guardian,

Attached please find copies of the School/Parent/Student Compact and the Parent Involvement Plan.

Please review the Parent Involvement Plan. We support the role of parents in their child’s learning and academic achievement. If you have comments, suggestions, or questions about the Compact, the Parent Involvement Plan, or how you can be involved at GAB please tell us.

You may note any comment, questions, or suggestions below and return this page to the school office or you may call or e-mail us.

**Please sign the Compact and the Parent Involvement Policy receipt form and return them to GAB as soon as possible. We are required to keep this documentation in our records.**

Dr. Cindy Gibson Mrs. Tyrene Neil Dr. Chris Davis

Principal Student Services Coord. Designated Programs

[cgibson@doe.k12.ga.us](mailto:cgibson@doe.k12.ga.us) [tneil@doe.k12.ga.us](mailto:tneil@doe.k12.ga.us) chdavis@doe.k12.ga.us

GAB Office: 1.478.751.6088

Comments, Questions, or Suggestions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised May 5, 2013 Georgia Academy for the Blind

School/Parent/Student Compact

2013-14

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| School Agreement: School personnel will encourage and support student learning by the following:   * Provide a safe, positive, healthy learning environment. * Communicate clear expectations for performance to both students and parents. * Provide feedback on each child’s progress * Treat each child with dignity and respect. * Ensure that all students have access to the state curriculum and the Expanded Core Curriculum. * Provide differentiation of instruction, accommodations, and assistive technology to address the individual needs of each student. * Demonstrate professional behavior and a positive attitude.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Teacher Date Principal Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Student Services Coordinator Date Coord. Designated Programs Date |
| Parent/Guardian Agreement: I believe that my child can be successful. I will:   * Monitor attendance and promptness. * Make sure that homework is completed. * Participate, as appropriate, in decisions related to my child’s education and health needs. * Provide information to the school that is pertinent to my child’s needs. * Stay informed about my child’s education by promptly reading all notices from the school either received by my child, by mail, or by phone and responding, as appropriate. * Attend IEP meetings and communicate frequently with my child’s teacher, through notes and conversations, about my child’s progress.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent’s Signature Date |
| Student Agreement: I believe that I can be successful. I will:   * Listen . . . to adults and teachers. * Complete all assignments. * Be responsible and do the best work possible. * Be respectful and follow all of GAB’s rules and policies.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature Date |