

**LEARNING CONTRACT**  
*For At-Risk Students in Grades 1-6*

Student's name: \_\_\_\_\_ ID No. \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Year: \_\_\_\_\_

Your child's strengths include: \_\_\_\_\_

**ASSESSMENT RESULTS**

| Literacy Assessments   |       |       |      |   |       |       |      |
|--|-------|-------|------|---|-------|-------|------|
| Assessments  | Score | Level | Date | Assessments   | Score | Level | Date |
| Developmental Reading Assessment (DRA, Gr. 1-3)  |       |       |      | CA Standards Test (CST, Gr. 2-6)  |       |       |      |
| Evaluación del desarrollo de la lectura (EDL, <i>Biliteracy Programs only</i> , Gr. 1-3) |       |       |      | CA English Language Development Test (CELDT, <i>English Learners</i> , Gr. 1-6)   |       |       |      |
| Student Oral Language Observation Matrix (SOLOM, <i>English Learners</i> , Gr. 1-6)      |       |       |      | <b>Key to Levels</b><br><i>DRA, EDL, SOLOM, DRP, and DMT:</i><br>AAC = Above/At/Close to Expectations;<br>B = Below Expectations; FB = Far Below Expectations<br><i>CST:</i> A = Advanced; P = Proficient; B = Basic;<br>BB = Below Basic; FB = Far Below Basic<br><i>CELDT:</i> A = Advanced; EA = Early Advanced; I = Intermediate;<br>EI = Early Intermediate; B = Beginning<br><i>ELD Proficiency Indicator:</i> EA = Early Advanced;<br>I = Intermediate; EI = Early Intermediate; B = Beginning |       |       |      |
| Degrees of Reading Power (DRP, Gr. 4-6)  |       |       |      |   |       |       |      |
| ELD Proficiency Indicator (Gr. 1-6)  |       |       |      |   |       |       |      |
| Teacher Judgment (specify):  |       |       |      |   |       |       |      |
| Mathematics Assessments  |       |       |      |   |       |       |      |
| Assessments  | Score | Level | Date | Assessments   | Score | Level | Date |
| District Mathematics Test (DMT, Gr. 5)   |       |       |      | CA Standards Test (CST, Gr. 2-6)  |       |       |      |
| Teacher Judgment (specify):  |       |       |      |   |       |       |      |

**ACADEMIC INTERVENTIONS AND SUPPORTS**

| Interventions and Supports  | Comments |
|---|----------|
| <input type="checkbox"/> Daily Guided Reading<br><input type="checkbox"/> Early Literacy Support (Gr. 1)<br><input type="checkbox"/> Interventions/Supports with an ELD focus and/or SDAIE methodology ( <i>English Learners</i> )<br><input type="checkbox"/> Special Education Supports identified in IEP or 504 Plan for: _____ Literacy _____ Mathematics<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |          |

**HOW WILL THE TEACHER COMMUNICATE STUDENT PROGRESS TO PARENT(S)/GUARDIAN(S):**

Progress Reports  Telephone Calls  Notes  Follow-up Conferences  E-mail  Other: \_\_\_\_\_

**Student:** Your signature below indicates that you understand your responsibilities and commit to actively participate in the support programs that your teacher recommends to help you become successful and prepared for the next grade.

**Parent/Guardian:** Your signature below indicates that you understand your responsibilities and commit to the interventions and supports recommended for your child's academic improvement. **Please Note:** If your student does not meet grade-level standards by the end of this school year, he/she may be retained at his/her current grade level.

**Teacher:** Your signature below indicates that you understand your responsibilities and will provide instruction based on student needs, suggest ways parent/guardian can support learning at home, and report the child's progress to the parent/guardian on an on-going basis.

| Student's Signature | Teacher's Signature   | Parent's/Guardian's Signature(s) |
|---------------------|---|----------------------------------|
| _____               | _____   | _____                            |
| Date _____          | <input type="checkbox"/> After repeated attempts, the school was unable to communicate directly with parent/guardian. |                                  |