

Student Learning Contract

Name: Grade: ID: Teacher:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject | 1st  | 2nd  | 3rd  | Semester |
| Math |  |  |  |  |
| Science |  |  |  |  |
| Reading |  |  |  |  |
| English/Language Arts |  |  |  |  |
| Social Studies |  |  |  |  |
| Days Absent |  |  |  |  |
| DRA/EDL Level |  |  |  |  |

My Goals for Improvement:

1.

2.

3.

**Student Signature**: **Date**:

**Parent Signature: Date:**

**Counselor Signature**: **Date**: