



## Madison Team Success and Participant & Parent/Guardian Contract Agreement

**Program Description:** Madison Team Success is a program that works with students who may need help with their academics, truancy issues, and/or disruptive behaviors which may interfere with their potential for success in and out of school. This program is operated by Communities In Schools of Madison County, a non-profit agency that works with Madison County schools to help students reach their highest potential.

By \_\_\_\_\_ participating in this program, all parties agree to the following:  
Participant's name

### Madison Team Success agrees to:

- Provide tutoring to encourage improvement of course grades as needed
- Act as liaison between student participant and their teachers as needed
- Monitor attendance, ISS, and OSS.
- Work with student participants to decrease disruptive behaviors
- Be an information resource for the participant's family

### The Student Participant agrees to:

- Work hard to improve grades
- Be respectful of the tutor/mentor working with them
- Abide by all school policies and rules while participating in tutoring
- Attend school regularly and arrive at class on time
- Learn positive behaviors to replace the disruptive behaviors which result in disciplinary actions by the school

### The Parent/ Legal Guardian agrees to:

- Allow CIS Madison Team Success to receive, share and communicate information for the purpose of planning and delivering appropriate services with the following agencies/individuals below:  
 \_\_\_ Madison County Schools including attendance, academic progress, school discipline  
 Other: \_\_\_\_\_
- Support the student in positive behaviors and regular attendance.
- Allow CIS Madison Team Success to track and report student data collected as part of the case management services provided to your child.
- Encourage the participant to keep up with class work and to do homework
- Communicate any concerns with Madison Team Success

**We agree to the above conditions for the year 2014-15, and we understand that non-compliance with this agreement may result in termination from this program.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
MTS Site Director Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**If our staff needs to contact you about your student, how we can best contact you during the school day (day-time phone, cell #, e-mail address, etc.)** \_\_\_\_\_