ACADEMIC ACTION PLAN

PRIVATE SCHOOL PROGRAM

STUDENT NAME (GIVEN NAME)	
SCHOOL	
GRADE	
LR NAME	
RPD NAME	

Within two weeks of 1st, 2nd, and 3rd quarter report cards being issued, the LR is required to set up a time to meet with students who received a "D" or lower on their report card and an appropriate school official (ie. teacher, guidance counselor, international student coordinator, etc). LR is required to complete an Academic Action Plan form for each subject the student is failing and send it to their RPD once completed.

COURSE NAME	
TEACHER NAME	
CURRENT GRADE	
AREA(S) OF CONCERN/TEACHER COMMENTS	
ACTION PLAN	

STUDENT AGREEMENT	
By initialing here, I understand, and agree to follow, the above recommendations, which have been put into place for my success.	
STUDENT SIGNATURE	**DATE**