

Student Contract for Academic Improvement

Student Name _____

Class _____

Teacher _____

Date _____

Nature of Concern:

____ Attendance ____ Failed exam ____ Missed exam ____ Behavior

____ Missing Homework ____ Other: _____

Current Course Grade: _____

Grade I would like to get: _____

Barriers to My Academic Success:

- ____ Poor time management
- ____ Poor grades on tests in spite of hours spent preparing
- ____ Lack of preparation
- ____ Incomplete class notes
- ____ Not asking questions when I don't understand
- ____ Poor attendance
- ____ Personal Concerns
- ____ Other: _____

Course of Action:

| <u>Service</u> | <u>Resource</u> | <u>Date</u> |
|---------------------|--------------------------|-------------|
| Tutoring | After School Program | |
| Daily check sheet | Through Migrant Services | |
| Health Consultation | School Nurse | |
| Other | | |

Dates by which I will implement the plan: _____

I hereby agree to abide by the terms of this plan:

Student Signature: _____

Date: _____

Migrant Signature: _____

Date: _____

Parent(s) Signature: _____

Date: _____