

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:

Service

Resource

Date

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: _____