

## STUDENT ACADEMIC AGREEMENT



Name .....  
Class .....  
Teacher .....  
Date .....

### AREA OF CONCERN

..... Attendance ..... Behavior  
..... Failed Exam ..... Missing Homework  
..... Missed Exam ..... Other

Current Course Grade .....

Grade I Aim To Have .....

### BARRIERS TO MY ACADEMIC SUCCESS:

..... Poor time management  
..... Poor grades on tests in spite of hours spent studying  
..... Lack of preparation  
..... Incomplete class notes  
..... Not asking questions when I do not understand.  
..... Poor attendance  
..... Personal Concerns  
..... Other: .....

### COURSE OF ACTION

#### SERVICE

- Tutoring
- Daily Check Sheet
- Health Consultation
- Other: .....

#### RESOURCE

- After School Program
- Additional Resources Provided by Teacher

**Date by which I will implement the plan:** .....

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

Student Signature: .....

Date: .....

Parent Signature: .....

Date: .....

Teacher Signature: .....

Date: .....