Academic Success Plan

Student	Grade

What support do I need at school and from whom?

What can be done differently at home to support your school day?

Identify three S.M.A.R.T. goals.
Specific. Measureable. Attainable. Realistic. Timely.

- *What is your specific goal(s)?*
- *How you will measure your progress and/or success?*
- *What attitudes, abilities, and/or skills will you employ to attain your goal?*
- *Is this something you are willing and able to work toward?*
- *Do you believe that your goal can be accomplished in the timeframe you have established?*

Goal #1

Goal #2

Goal #3

I will check in with _____ on a (circle one) daily / bi-weekly / weekly basis for the duration of this Academic Plan. Please keep records of your meetings on the attached sheet.

This Academic Plan will be reviewed on: _____

_____ _____
Student Signature Date

_____ _____
Advisor Signature Date

_____ _____
Parent Signature Date

_____ _____
Administrator Signature (Academic Probation Contract only) Date

Plan Review Date	Improvement / Reflection / Goal Refinement	Advisor/Support Initials