Academic/Eligibility Growth Plan

Name:			Date:			
complete an academic impr	liner School District eligibility ovement plan. This form is in Iministration and advising dep	tended for use	by students and advisors t	o draft such a plan. C	Compliance with the plan	
The following factors contr	ibuted to my academic difficul	ties:				
 Attend Friday Sc Meet with my ins Meet with Arrange to study Attend my clas Schedule at lear 	improving my academic stand hool tructors regularly to be sure I (advisor) in the library or ses faithfully, missing no mest 30 minutes of study for evening additional issues (if apple)	understand and times per, whe ore than 3 sesvery hour in c	to review my a re I can give alert and und ssions per class during t	cademic progress. listracted attention to		
8. Seek assistance in	the following areas from the	following reso	urces:			
General CouHealth ConsAdjustmentStudent Life	(e.g., note taking, reading) nseling ultation/Evaluation (ssues	Friday Scho Friday Scho Counseling Health and V	ol ol or Study Skills Class Office Wellness Office on and Counseling	(Check those to be	used)	
Teacher Expectations:						
			Teacher Signature	2	Date	
I hereby agree to abide by	the terms of this improveme	nt plan:	Student Signature		Date	
			Advisor Signature		Date	
			Parent Signature		 Date	