

Academic Improvement Contract

Student Name: _____ Date: _____

Teacher: _____ Class: _____

Email: _____ ID #: _____

Address: _____ Phone: _____

Current GPA: _____

Current Class Ranking: _____

Current Academic Status: _____

Problem Area(s): _____

Specifics of Problem(s): _____

Plan for Improvement: _____

Services and Resources: _____

Academic Goals: _____

Date Implemented: _____

First Check-In: _____

Second Check-In: _____

Final Date: _____

If Student's academic behavior/grades have not improved by the final date, the following punishments/restrictions will apply:

Student's Signature: _____

Teacher's Signature: _____

Parent's Signature: _____

Date: _____