**Virtual: \_\_\_\_ In-person \_\_\_\_\_**

**Academic Probation : \_\_\_\_\_\_\_\_\_\_\_**

 My Individual Academic Success Plan

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**\_\_\_\_\_\_\_\_\_ **ID:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grading Period: **PR1** \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ **PR2** \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**Sem 1**\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**PR3** \_\_ Date: \_\_\_\_\_\_\_\_ **PR4** \_\_ Date: \_\_\_\_\_\_\_\_Grading Period: **3** \_\_ Date: \_\_\_\_\_\_\_ **PR5** \_\_ Date: \_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Not Passed** | **1st** | **2nd**  | **SEM 1** | **3rd**  | **4th**  | **SEM 2** | **Improvement Areas: Things keeping me from being successful** |
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***Development Table***

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| **Strengths: things I do well** | **Academic Goals** | **Personal & Social Goals**  |
|  |  |  |
|  |  |  |

***Action Plan: What Can I Do Better? What Do I Need Assistance With?***

 \_\_\_\_ Bring Materials to class daily. Supplies Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_ Maintain an organized binder. Use agenda notebook, planner, and/or calendar daily.

 \_\_\_\_ Avoid Absences, tardies and ISS.

 \_\_\_\_ Check for makeup work when absent.

 \_\_\_\_ Talk to the teacher about grades, if I receive a poor grade on an assignment or test. How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Complete and turn in all homework and classwork assignments.

 \_\_\_\_ Participate in class. I can actively participate more by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_ Attend Tutoring. Before or After School on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_ Study for test. I study best by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_ Maintain a set time and place to studying every day

 My study time is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My study place is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_ I agree to maintain communication with Ms. Davis before things get too bad.

 \_\_\_\_ Other Suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Contacted \_\_\_\_\_\_\_\_\_\_\_\_

**Counselor: Shun Davis | email:** **kashunda.davis@gpisd.org** **| phone: 972-343-7811**