



# Student Academic Progress Plan



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fill in the information below for any class you are currently receiving a C or lower in.

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_ Hour: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Plan for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_ Hour: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Plan for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_ Hour: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Plan for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_ Hour: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Plan for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_