

Parent-Student Academic Success Contract

Directions: List your seven classes and your current grade (best estimate).

PERIOD	CLASS	CURRENT GRADE	DESIRED GRADE
1			
2			
3			
4A			
4B			
5			
6			

Check all areas where improvement is needed:

- | | | | |
|-------------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Classwork | <input type="checkbox"/> Use of Class Time | <input type="checkbox"/> Organization | <input type="checkbox"/> Quizzes |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Homework | <input type="checkbox"/> Tests | <input type="checkbox"/> Projects |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Placement | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Effort |

Other (Please list) _____

Steps the student will take to achieve the desired grades:

Goal Completed?

- | | |
|--|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. <input type="checkbox"/> I will stay after school for help. | _____ |

How can the parent/guardian help?

- | | |
|----------|--|
| 1. _____ | |
| 2. _____ | |
| 3. _____ | |

Parent/Guardian Signature and Date

Student Signature and Date