

ACTION PLAN FOR SUCCESS TEACHER/COUNSELOR/ADMINISTRATION VERIFICATION

Course changes are contingent upon master schedule /course availability and final approval of counselor/administrator.

The action plan for success will be used as an additional evaluation tool to assist counselors/administration in determining if a student's request to withdraw from an Honors/AP course is appropriate. If a student requests to withdraw from a course, this form must be utilized and turned in at the end of 1st semester or the beginning of second semester. Students will be notified if their request to withdraw has been granted.

Assigned Counselor (Please Circle): Babin Ferrara Haggins Hernandez Martin Santos Villalobos

Today's Date _____

Counselor Signature _____

Teacher: Please verify that this student/parent has given full effort in completing each item of the following "Action Plan for Success".

Completed forms need to be returned to Martha Hanks in the Counseling Office. Thank you!

Student Name: _____ Student ID # _____

Course: _____ Teacher Name: _____ Period: _____

Teacher – Please initial next to all that apply and INCLUDE a detailed grade/assignment printout:

_____ 1) Student turns in assignments (Even if only receiving partial credit or no credit)

_____ 2) Student completes homework (Even if only receiving partial credit or no credit)

_____ 3) Student actively seeks help from the classroom teacher (before school, lunch, and/or after school). If student is getting help from a tutor, the tutor needs to be recommended by the classroom teacher.

_____ 4) Student attends class regularly (Is not frequently absent or tardy)

_____ 5) A student, parent, teacher (face-to-face) conference has taken place on (date): _____ and an action plan for grade improvement was developed and followed.

_____ If a parent was not able to attend a face-to-face conference with the student/parent/teacher, a parent/teacher phone conference was held on (date): _____.

Please list the student's current grade: _____

_____ This student/parent **HAS** completed, with full effort, all of the items listed in the action plan.

_____ This student/parent **HAS NOT** completed all of the items listed in the action plan.

Teacher Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

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