



JEFFERSON COUNTY HIGH SCHOOL

2016-17 Academic Improvement Plan



Name: _____ Grade: _____ Class: _____

Parent's Name: _____ Phone: _____

Address: _____

Current Grade: _____

Goal: The aforementioned student will implement the following study skills to improve his/her grade(s).

- | | | |
|---|--|------------------------------------|
| _____ Bring all supplies to class | _____ Write down all assignments in planner daily | _____ Use class time efficiently |
| _____ Pay attention in class | _____ Listen to directions | _____ Take notes |
| _____ Keep papers organized in a binder | _____ Take all material(s) needed home for assignments | _____ Redo assignments/assessments |
| _____ Take planner home daily | _____ Parents initial planner daily | _____ Make a designated study time |
| _____ Have homework proofed by parents | _____ Eliminate distractions while studying | _____ Study for tests in advance |
| _____ Ask clarifying questions during class | _____ Turn all assignments in on time | _____ Attend school regularly |
| _____ Acquire make-up work upon your return | _____ Return all make-up work promptly | _____ Arrive on time to class |
| _____ Peer tutoring | _____ Seek help when needed | _____ Preferential seating |
| _____ Other | | |

Parent(s) signature: _____

Date: _____

Student signature: _____

Date: _____

Teacher signature: _____

Date: _____

Counselor signature: _____

Date: _____

(Teachers please retain a copy for your records and send the original to the student's counselor.)

