



Academic Success Plan

Student _____

Grade _____

Advisor _____

Date _____

Most Secondary students face challenges. Many times these challenges have to do with a lack of time management and organization; not knowing what type of learner you are so that you can employ the best study methods; not understanding classroom or teacher expectations; not knowing how to study to perform at the higher levels of learning as required at the secondary-level; and feeling lots of stress.

Your Academic Success Plan is your blueprint for improving your academic performance at Polaris K-12 School. You will prepare this in consultation with your advisor. The first step is an Academic Support Agreement. The intent is to define the problem, create a system of support, and create S.M.A.R.T. goals. If there is still a concern after a designated period of time, the second step is an Academic Probation Contract that formally brings both parents and administration into the process.

The ultimate goal is to develop skills and understand what supports are in place to become a successful lifelong learner.

Course	Current Grade	Teacher	Reviewed*

** Classroom teachers will initial here after reviewing the completed plan with the student in order to increase awareness, encourage communication, and best support the student.*

Academic Support Agreement

Academic Probation Contract

What is the problem? Identify the issues. Be as specific as possible.

What can I do differently to address the issues above?

What support do I need at school and from whom?

What can be done differently at home to support your school day?

Identify three S.M.A.R.T. goals.
Specific. Measureable. Attainable. Realistic. Timely.

- ★ What is your specific goal(s)?
- ★ How you will measure your progress and/or success?
- ★ What attitudes, abilities, and/or skills will you employ to attain your goal?
- ★ Is this something you are willing and able to work toward?
- ★ Do you believe that your goal can be accomplished in the timeframe you have established?

Goal #1

Goal #2

Goal #3

I will check in with _____ on a (circle one) daily / bi-weekly / weekly basis for the duration of this Academic Plan. Please keep records of your meetings on the attached sheet.

This Academic Plan will be reviewed on: _____

Student Signature

Date

Advisor Signature

Date

Parent Signature

Date

Administrator Signature (Academic Probation Contract only)

Date

