

Randolph Union Middle/High School

Plan for Academic Recovery

Plan Sheet

Plan is needed because of grade(s) in:
 (Circle one): I1 I2 Q3 I4

Student Name _____ Grade _____

T.A. _____ Date _____

For each class affected, the teacher will complete the following:

Course/ Teacher	A. By what date is it expected that student will have completed work in the next column and regained academic standing?	B. What does this student need to do or complete to meet the Course work plan requirements (project turned in, up to date with Homework, CAPE, etc...)	C. Teacher's Signature: This signature certifies that all PAR work in column B has been completed by the due date in column A

The student will take this form to each teacher concerned. The teacher and the student will agree on an academic plan to address the deficient areas. The student will be responsible to complete the work by the due date(s) above, get each teacher's signature to confirm that the work is completed.

Required Signatures:

Student: _____

TA: _____

Case Manager (if applicable): _____

Parent/Guardian _____

Athletic Director/Activity Advisor: _____