

ACTION PLAN FOR ELIGIBILITY

Student Name _____

Grade _____

Activity _____ Season/year _____

Course which need improvement _____

What steps will be taken to improve grade?

Teacher Signature _____

Dates and Times of teacher meeting

Teacher:

Is student showing adequate improvement and following the action plan?

WEEK ONE Teacher Signature _____ DATE _____

WEEK TWO Teacher Signature _____ DATE _____

WEEK THREE Teacher Signature _____ DATE _____

WEEK FOUR Teacher Signature _____ DATE _____