

# Academic Improvement Plan

Date: [Insert Date]

Student Name: [Insert Student Name]

Grade: [Insert Grade]

School: [Insert School Name]

## Introduction

This Academic Improvement Plan has been designed to assist [Student Name] in achieving academic success. The following goals and action steps will be implemented to support the student's growth.

## Goals

- Goal 1: Improve overall GPA to [Insert Target GPA] by [Insert Date].
- Goal 2: Increase proficiency in [Insert Subject] by [Insert Date].
- Goal 3: Develop better study habits and time management skills.

## Action Steps

1. Meet with a teacher/tutor for [Insert Subject] twice a week.
2. Attend after-school study sessions on [Insert Days/Times].
3. Complete all homework assignments on time and seek help when needed.
4. Implement a weekly progress check-in with a counselor/mentor.

## Parent/Guardian Involvement

Parents/guardians are encouraged to support their child's academic journey by:

- Checking homework daily.
- Attending parent/teacher conferences.
- Encouraging consistent study time at home.

## Signatures

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions or concerns, please contact me at [Insert Contact Information].