

ACADEMIC TARGETED INTERVENTION PLAN

Date:

Student Name:

Grade:

Student ID:

Current GPA:

Services Received:

Name of A4 Academic Support/Champion:

# Academic Progress Overview

1. **Missing Assignments (To Boost Grades)**

Course(s) Assignment Name Due Date Complete

(Y/N)

A4 Initials

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Attendance

Current Attendance Percentage: %

Goal Attendance Percentage: %

Action Steps to Improve Attendance:

1. **Upcoming/Make-Up Tests**

Course(s) Test Name

Test Make-Up Date

Preparation Plan Complete

(Y/N)

A4 Initials

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1. **A-G Progress**

Current A-G Status:

Requirements to Stay on Track:

Next Steps:

# Support Plan by A4 Academic Support/Champion

* 1. **What Can Be Done to Raise These Grades:**

Specific Interventions Planned:

Tutoring or Study Sessions Scheduled:

Parent Communication Plan:

* 1. **Support Provided by A4 Academic Support/Champion:**

Action Steps Taken by Champion:

Frequency of Check-Ins:

Additional Resources Provided:

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

A4 Academic Support/Champion

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

Parent/Guardian Signature (if applicable):

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