

Alder Grove Charter School
Academic Support Plan

Date Enrolled at AGCS: _____ Student Name: _____

Student Grade: _____ Student DOB: _____ Teacher: _____

CIRCLE ALL THAT APPLY: ***MATHEMATICS*** ***READING*** ***WRITING***

CURRICULUM AND/OR ONSITE CLASSES (only for subjects identified above)

MATH:
READING:
WRITING:

MANDATORY HOME SUPPORT

By signing this plan, you agree to provide your student with the following:
1) I will review and discuss work with student on a daily basis
2) I will provide a scheduled learning time
3) I will provide a quiet and organized space to work
4) I will meet weekly with my CT to review progress and assess student learning

MANDATORY SCHOOL SUPPORT (check at least one for each subject area identified)

<input type="checkbox"/> Attend Math Lab (LGL, KHAN Academy) When: _____ What Program: _____
<input type="checkbox"/> Attend Writing Lab When: _____
<input type="checkbox"/> Reading Support When: _____ Reading Teacher: _____
<input type="checkbox"/> Let's Go Learn (home)
<input type="checkbox"/> Khan Academy (home)
<input type="checkbox"/> Private Tutoring When: _____ Tutor: _____
<input type="checkbox"/> Other approved support program: _____

PARENT / STUDENT/ CT SIGNATURES

Signatures below acknowledge that this mandatory Academic Support Plan is effective _____.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Credentialed Teacher Signature: _____ Date: _____

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PROGRESS AND ATTENDANCE

DATE:

DATE:

DATE:

DATE:

DATE: