

***Alder Grove Charter School***  
***Academic Support Plan 2020-2021***

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Student DOB: \_\_\_\_\_

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

**CIRCLE ALL THAT APPLY:**

***MATHEMATICS***

***READING***

***WRITING***

**CURRICULUM AND/OR ON-CAMPUS CLASSES (only for subjects identified above)**

<b>MATH:</b>
<b>READING:</b>
<b>WRITING:</b>

**MANDATORY HOME SUPPORT**

<b>By signing this plan, you agree to provide your student with the following:</b>
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"/> <b>Attend Math Lab</b> When: _____ What Program (MyPath, Pathblazer, Khan): _____
<input type="checkbox"/> <b>Attend Writing Lab</b> When: _____
<input type="checkbox"/> <b>Reading Support</b> When: _____ Reading Teacher: _____
<input type="checkbox"/> <b>MyPath/Pathblazer (home)</b>
<input type="checkbox"/> <b>Khan Academy (home)</b>
<input type="checkbox"/> <b>Private Tutoring</b> When: _____ Tutor: _____
<input type="checkbox"/> <b>Other approved support program:</b> _____

**By signing below, I also acknowledge that my student will need to re-take MAP assessments for Math/Reading (circle applicable) before the end of the school year.**

**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: \_\_\_\_\_