

Academic Plan

Signature form

Class:

Period:

Teacher:

It will be most helpful if you could return this page with the following information to the teacher each teacher.

My son or daughter learns best when: (optional)

My child's greatest strength is ...

Communication:

Email address:

Parent/Guardian Name

Phone

Extension

Best time to call

We have read and understand this invitation to learn as described in the attached academic plan. Our signatures show that we are setting a course for success in this class. Please keep the academic plan for future reference and return this page to the teacher listed at the top.

Print Student Name _____ Date _____

Parent/Guardian Signature _____ Date _____