**AVID ACTION PLAN**

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

Currently, your student is not abiding by the stated requirements of the AVID contract. If he/she does not show marked improvement in a timely manner, probation, or expulsion from the AVID program will be considered. We need to work together to develop a plan of action to help your student improve.

**Section A:**

Your son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is experiencing difficulties in the following area(s):

* Low Grades
* Missing Work
* Inadequate Preparation
* Lack of Attention in Class
* Attendance
* Punctuality
* Behavior
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: Explanation of Difficulties**

**Section C: Detailed Plan for Improvement**

(Include a timeline/deadline(s) for ACTION)

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

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

AVID Elective Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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

AVID Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_