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| **Success Plan** |
| Date: | Student Grade:  | Cohort: |
| Student:  | Parent/Guardian:  | Meeting Held (where): |
| Coach: | Meeting Date(s): | Tier Level: |
| **Priorities to be Completed ASAP** |
| 1. Attend all required Success Plan meetings and live classes that you are behind or failing (see below for what classes to attend).
 | 1. Submit ALL assignments as required.
 | 1. Read/respond to emails from MOS staff and teachers
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| **Teacher** | **Subject/Class** | **Progress Expectations** | **Assignments** |
| **Starting Course Grade & Date:****# of Submitted Assignments/** **# of Assignments to be Submitted** | **Week 1****Date:** | **Week 2****Date:** |
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| Comments: **Positive Consequences**: Passing all classes and earning credits towards graduation. **Alternative Consequences:** Non-compliance with this plan will move the student to the next tier and student will be considered for withdrawal from MOS for non-compliance. |

A 24-hour response is REQUIRED that you have received and will comply with this letter.

***By signing and returning this form, I agree to follow all requirements of the Success Plan to comply with MOS rules and policies.***

Parent/Guarding Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_