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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_