

Student Success Plans



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Table of Contents

Success Contract	3
Daily Check-in	4
Academic Chart	5
Weekly Goals	6
Smart Goals	7

Success Contract

Name: _____

Date: _____

This year I will:

1. _____

2. _____

3. _____

If I do not uphold the agreed upon statement, the consequence could be the following:

1. _____

2. _____

3. _____

Student Signature: _____

Teacher Signature: _____

Additional Signatures: _____

Daily Check-in

Name:

Date:

3: Goal met

2: Goal partially met

1: Goal not met

Goal	Score

Daily goal: ___ / ___

Academic Chart

Name:

Date:

Goal Met ✓
Goal Not Met x

<p>Subject:</p> <p>Learning Targets:</p> <p>✓ x</p>	<p>Subject:</p> <p>Learning Targets:</p> <p>✓ x</p>	<p>Subject:</p> <p>Learning Targets:</p> <p>✓ x</p>
<p>Subject:</p> <p>Learning Targets:</p> <p>✓ x</p>	<p>Subject:</p> <p>Learning Targets:</p> <p>✓ x</p>	<p>Subject:</p> <p>Learning Targets:</p> <p>✓ x</p>

Weekly Check-in

Name:

Date:

Goal Met ✓
Goal Not Met x

Week of:				
Monday	Tuesday	Wednesday	Thursday	Friday
✓ x	✓ x	✓ x	✓ x	✓ x

Weekly goal:

Total number of days that goals were met this week:

Strategies for improvement:

Smart Goals

Specific

- What subject or behavior do I want to focus on?

Measurable

- How will I know I am achieving my goal?

Attainable

- Why is this something that I can achieve?

Relevant

- How will this goal help me to be successful this year?

Time

- When should I expect to achieve this goal?