



Hudson High School

Student On Track Improvement Plan

Demographics

Student name:	ID#:	Grade:	Date:
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Why I am off track: (Circle all that apply)

Grades GPA Attendance Referral(s)

Activity / Event I am requesting to participate in:

My Improvement Plan (What will be done?)

Grades:

GPA:

Attendance:

Referral(s):

When will it occur?

Where will it occur?

The resources I need to achieve my goal are:

Additional Information:

Student Signature: _____ Date: _____

Parent Signature/Contact: _____ Date: _____

Administration use only beyond this point

Event Approved: _____

Date of progress review: _____

Administrator Signature: _____ Date: _____