

Student Name _____

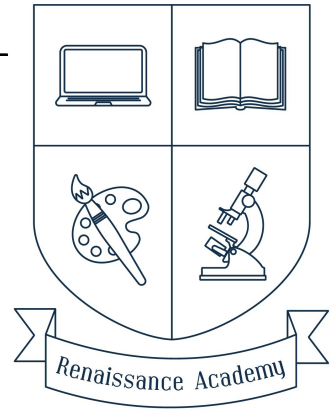
Student's
photo

Renaissance Academy Academic Concern & Action Plan (AAP)

Date of Birth _____

Age _____ **Grade** _____ **School Year** _____

The parent/guardian is responsible for supplying all medications, medication release form, and any other needed equipment/supplies to Renaissance Academy (RA).



	<u>Call First</u>	<u>Try Second</u>
Parent/ Guardian Name		
Relationship		
1 st Phone		
2 nd Phone		

HISTORY

Please describe the academic issue(s) and any interventions/responses that you have found that work well for your student. Please also list how you feel RA can best meet your student's needs. Attach another sheet if needed:

We are happy to work with families to help their children succeed, within the limitations of our program. If the academic concern also includes any Behavioral Concerns, the RA Behavior Management and Plan of Action Document is required.

- I understand that RA is a small-scale program that meets for limited hours weekly and, as such, may be unable to manage severe learning issues in their optional in-person classes.
- RA instructors are not full-time employees and are only contracted for classroom instruction. As such, instructor availability to confer with parents is limited. RA Administration is always available to troubleshoot any needs. I understand and accept these limitations.
- I agree to have the information in this plan shared with staff needing to know.
- I give permission to use my child's picture on this plan (if I did not supply a photo)

Date _____ Parent/Guardian _____
Signature