

**New Hanover County Schools**  
**Academic Contract Per Policy 3400-R**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

I, \_\_\_\_\_, understand that I am currently not passing \_\_\_\_\_. I have met with my teacher and guardian to develop this academic contract to intervene in an attempt to reach proficiency or higher for this course. I understand that I am being given an opportunity to successfully complete this course if I fulfill the requirements agreed upon below.

**Student Responsibilities:**

I have agreed to complete the following actions:

1. 2. 3.
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**Teacher Responsibilities:**

My teacher will help me to achieve success in this course through these actions/supports: (Denote supports already in progress). [Sample Strategies](#)

1. 2. 3.
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I agree to commit to the actions listed above to the best of my ability. I will complete my actions by \_\_\_\_ (Date). Once I have completed these actions, my teacher will update my grades to reflect my current progress. If I fail to complete my actions, as agreed upon, I will receive the grade that reflects the work I did complete in this course.

*Grade floor of a 50 will be recorded per 3400-R.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

This academic contract is meant to offer support for the student and in partnership with the parent or guardian. This academic contract must be created, shared, and signed or acknowledged by a parent or guardian. In the event that a teacher cannot reach a parent/guardian the following steps should be done at a minimum:

- referral to student's counselor                      Date \_\_\_\_\_
- referral to the social worker                        Date \_\_\_\_\_
- seek Administrator Assistance                      Date \_\_\_\_\_