

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 1 – 10 days: 8/19/24-8/30/24

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

<p>Date: 8/19/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/20/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/21/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/22/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/23/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 8/26/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/27/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/28/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/29/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/30/24</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p> <p><b>Monthly Total:</b></p> <p>_____</p>

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 2 – 19 days: 9/3/24-9/27/24

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

<p>Date: 9/2/24</p> <p style="text-align: center;"><b>HOLIDAY</b></p> <p style="text-align: center;"><b>LABOR DAY</b></p>	<p>Date: 9/3/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/4/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/5/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/6/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 9/9/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/10/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/11/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/12/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/13/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 9/16/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/17/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/18/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/19/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/20/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 9/23/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/24/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/25/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/26/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 9/27/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p> <p><b>Monthly Total:</b></p> <p>_____</p>

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 3 – 20 days: 9/30/24-10/25/24

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

<p>Date: 9/30/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/1/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/2/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/3/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/4/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 10/7/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/8/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/9/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/10/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/11/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 10/14/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/15/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/16/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/17/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/18/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 10/21/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/22/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/23/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/24/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/25/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p> <p><b>Monthly Total:</b></p> <p>_____</p>

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 4 – 19 days: 10/28/24-11/22/24

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

Date: 10/28/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 10/29/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 10/30/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 10/31/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/1/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 11/4/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/5/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/6/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/7/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/8/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 11/11/24 Holiday Veterans Day	Date: 11/12/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/13/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/14/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/15/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 11/18/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/19/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/20/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/21/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/22/24 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____ <b>Monthly Total:</b> _____

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 5 – 17 days: 11/25/24-12/20/24

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

<p>Date: 11/25/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 11/26/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 11/27/24</p> <p style="text-align: center;">Holiday Thanksgiving Break</p>	<p>Date: 11/28/24</p> <p style="text-align: center;">Holiday Thanksgiving Break</p>	<p>Date: 11/29/24</p> <p style="text-align: center;">Holiday Thanksgiving Break</p>	<p style="text-align: center;"><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 12/2/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/3/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/4/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/5/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/6/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p style="text-align: center;"><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 12/9/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/10/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/11/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/12/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/13/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p style="text-align: center;"><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 12/16/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/17/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/18/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/19/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 12/20/24</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p style="text-align: center;"><b>Total Weekly Minutes</b></p> <p>_____</p> <p style="text-align: center;"><b>Monthly Total:</b></p> <p>_____</p>

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 6 – 19 days: 1/6/25-1/31/25

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

<p>Date: 1/6/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/7/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/8/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/9/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/10/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 1/13/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/14/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/15/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/16/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/17/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 1/20/25</p> <p><b>HOLIDAY</b></p> <p><b>MARTIN LUTHER KING JR. DAY</b></p>	<p>Date: 1/21/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/22/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/23/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/24/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 1/27/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/28/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/29/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/30/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 1/31/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p> <p><b>Monthly Total:</b></p> <p>_____</p>

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 7 – 18 days: 2/3/25–2/28/25

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

Date: 2/3/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/4/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/5/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/6/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/7/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 2/10/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/11/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/12/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/13/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/14/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 2/17/25  <b>HOLIDAY</b>  <b>PRESIDENT'S DAY</b>	Date: 2/18/25  <b>HOLIDAY</b>  <b>PRESIDENT'S DAY</b>	Date: 2/19/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/20/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/21/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 2/24/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/25/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/26/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/27/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/28/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____  <b>Monthly Total:</b> _____

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 8 – 20 days: 3/3/25-3/28/25

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

<p>Date: 3/3/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/4/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/5/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/6/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/7/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 3/10/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/11/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/12/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/13/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/14/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 3/17/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/18/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/19/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/20/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/21/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 3/24/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/25/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/26/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/27/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 3/28/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p> <p><b>Monthly Total:</b></p> <p>_____</p>



# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 9 – 20 days: 3/31/25-5/2/25

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

Date: 3/31/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/1/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/2/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/3/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/4/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 4/7/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/8/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/9/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/10/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/11/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 4/14/25 Spring Break	Date: 4/15/25 Spring Break	Date: 4/16/25 Spring Break	Date: 4/17/25 Spring Break	Date: 4/18/25 Spring Break	
Date: 4/21/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/22/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/23/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/24/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/25/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____
Date: 4/28/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/29/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 4/30/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 5/1/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 5/2/25 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	<b>Total Weekly Minutes</b> _____ <b>Monthly Total:</b> _____

# Academic Growth Plan Log

Student Name: \_\_\_\_\_

LP 10 – 13 days: 5/5/25-5/21/25

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Math Goals Met:  Yes  No

LA Goals Met:  Yes  No

Math Strategy #1 \_\_\_\_\_

Math Strategy #2 \_\_\_\_\_

Lang. Arts Strategy #1 \_\_\_\_\_

Lang. Arts Strategy #2 \_\_\_\_\_

<p>Date: 5/5/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/6/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/7/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/8/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/9/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 5/12/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/13/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/14/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/15/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/16/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>Total Weekly Minutes</b></p> <p>_____</p>
<p>Date: 5/19/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/20/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 5/21/25</p> <p><input type="checkbox"/> Math #1  <input type="checkbox"/> Math #2  <input type="checkbox"/> LA #1  <input type="checkbox"/> LA #2  <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p><b>NO SCHOOL SUMMER BREAK</b></p>		<p><b>Total Weekly Minutes</b></p> <p>_____</p> <p><b>Monthly Total:</b></p> <p>_____</p>