

AP 303-1 Action Plan for 'IE' Insufficient Evidence of Learning

School: _____

Student: _____

Course/Subject & Grade: _____

Teacher: _____

Areas of Strength:

Areas that need further growth

Outcomes Learning Standards to be addressed:

Tasks to be completed by the student: _____

Date for Completion: _____

Signatures:

Teacher

Parent/Guardian

Student

'IE' Letter Grade changed to _____ on _____ Date