

AP Agreement Form

Student's Name: _____ **ID#:** _____ **Date:** _____

Grade: _____ **Counselor:** _____ **Administrator:** _____

Current AP Classes: _____

Applicable Standardized Test Scores:

Date: _____ **Subject:** _____ **Date:** _____ **Subject:** _____

Please review below the checked items that would help the above named student. The following activities should be completed to ensure success in the current Advanced Placement class.

Attend tutoring on the following days: *Mon.* *Tues.* *Wed.* *Thurs.* *Fri.*

Peer tutor list (student will call to arrange and log hours):

Attend class on a regular basis:

Enforce a consistent study time at home for AP homework:

Regular home/school communication (i.e. weekly progress reports, e-mail, telephone contact):

Arrange a study buddy in the class:

Other instructional modifications: _____

Environmental modifications: _____

Other: _____

Student's signature

Teacher's signature

Parent's signature

Counselor's signature