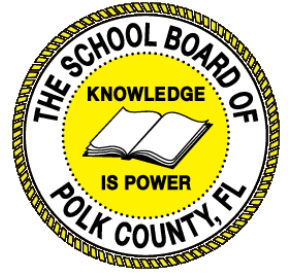


# Polk County Public Schools

## Student Grade Recovery Contract



To be completed by student:

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

Course Name \_\_\_\_\_

Course ID \_\_\_\_\_

Quarter Grade: A B C D F

Quarter being recovered: 1 2 3 4

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

Have you sought help from your teacher during this grading period: Yes No

Have you completed all outstanding assignments and available extra credit work? Yes No

If no, please explain why:

In accordance with Florida State Statute 1008.25 and PCSB policy, my child and I discussed the above information and we understand that the requirements must be met in order to successfully achieve grade recovery for this course. We understand that participation in this program **does not guarantee a passing grade** for the course unless all missing assignments are completed satisfactorily, including a 75% or above on an assessment. I also understand that if the requirements are not met by the end of the current quarter, the original grade will remain the same. ***The grade recovery grade for a quarter is 75%, or C.***

**Student**  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher**  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent contact information

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Step 1: Completion of missing/incomplete assignments** (if completion of assignments listed below results the teacher of record authorizing the grade change, and the amended grade results in a passing grade in the \_\_\_\_ grading period, the student does NOT need to take the grade recovery course).

Assignment: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Teacher Initials: \_\_\_\_\_  
Assignment: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Teacher Initials: \_\_\_\_\_  
Assignment: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Teacher Initials: \_\_\_\_\_  
Assignment: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Teacher Initials: \_\_\_\_\_  
Assignment: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Teacher Initials: \_\_\_\_\_  
Assignment: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Teacher Initials: \_\_\_\_\_

**Step 2: Tutoring Attendance (4 days minimum)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_ Student Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_ Student Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_ Student Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_ Student Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_ Student Initials: \_\_\_\_\_

**Step 3: Completion of missing/incomplete assignments**

**75% or higher on District Grade Recovery Packet OR 75% or higher on standardized benchmark assessment**

Test Date: \_\_\_\_\_ Score: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_ Student Initials: \_\_\_\_\_

Parent Notification:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Number: \_\_\_\_\_ LEFT MESSAGE?

Email: \_\_\_\_\_

**As a result of successfully completing this contract, \_\_\_\_\_'s grade has been recovered from a \_\_\_\_\_ to a \_\_\_\_\_.**

**Teacher signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_