*This document is intended to be used as a tool to help facilitate communication and support between students and parents. We encourage students and parents to take time to think about each of the questions independently before filling this out together, in conversation.*

**Goals**

**Student Goals:**

**Parent Goals:**

**Expectations & Responsibilities**

**Agreed upon expectations:**

* *Example: Lacey will be responsible for independently applying her own eye medication daily & manage doctor’s appointments*
* *Example: Lacey will maintain a minimum of 3.5 GPA during the fall semester*

I *(student)* expect to make the following responsibilities/decisions/choices independently:

I *(parent/guardians)* expect my student to seek my input on the following responsibilities/choices:

**Communication Frequency:**

*Academic/Grade check-ins:*

* Weekly
* Monthly
* Per quarter/semester
* Other:

*Who will initiate the check-ins*: **Parent** or **Student**

**Advocacy, Resource & Communication Plan**

***Student:***

* When I am feeling overwhelmed I will\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When I did not receive an outcome (e.g. grade) I wanted, I will\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When I don’t understand what my homework assignment is I will\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When I feel like I’m stuck on an assignment or don’t know how to get started I will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When I miss a class or I am absent from school I will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When I need to email a teacher but I am nervous or don’t know what to say I will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When my assignment is due but I don’t feel confident with my work I will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_