



**Date of Growth Plan Meeting:** [Click here to enter a date.](#)

**ECHS/Collegiate Academy/P-TECH Growth Plan**

**Student Information**

Current Campus: South Garland High School Date: [Click here to enter a date.](#)

Student Name: [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#)  
*Last* *First* *M.I.*

Student ID Number [Click here to enter text.](#) Current Grade Level [Click here to enter text.](#)

Magnet Program Early College High School

**Reason for Growth Plan:**

- The student failed to maintain attendance requirements
- The student earned a grade lower than 70 on one or more courses
- The student failed one or more sections of the STAAR/EOC
- The student failed one or more sections of the TSI
- The student failed to complete the following magnet program criteria:
  - [Click here to enter text.](#)
  - [Click here to enter text.](#)

**Growth Plan**

Required Action	Timeline	Notes
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

The purpose of a growth plan is to offer support to the students to ensure success in the ECCHS/P-TECH/Collegiate Academy programs. The student will abide by the growth plan and his/her performance will be reviewed each grading cycle. Failure to comply with or complete the growth plan could be detrimental to the student’s success in the program.

**Magnet Review Committee Signatures:**

Magnet Advisor/Principal Designee: \_\_\_\_\_ Date: \_\_\_\_\_

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

Method of parent contact:  Phone  In person  Email  Mail

Parent contact date: [Click here to enter a date.](#)