



Crossroads Alternative Learning Centers

### Academic/Behavior Contract

School: \_\_\_\_\_  
Student: \_\_\_\_\_

Date: \_\_\_\_\_  
Grade: \_\_\_\_\_

This conference was initiated by:  Teacher  Parent  Administrator

Participants Present:

Name	Title

Describe reason(s) for conference:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences when I meet my goals:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences if I don't meet my goals:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My behavior contract will be reviewed: \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian      Date

\_\_\_\_\_  
Signature of Student                      Date

\_\_\_\_\_  
Signature of Teacher                      Date

\_\_\_\_\_  
Signature of Administrator              Date