GISD	Date of Growth Plan Meeting:
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ECHS/Collegiate Academy/P-TECH Growth Plan

			Student	Informa	tion		
Current Campus:	R	owlett High School			Date	2:	
Student Name:							Click here to enter text.
		Last			First		M.I.
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Student ID Number				Current G	rade Lev	vel 9	
Magnet Program	ECH:	S					
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Growth Plan		1					_
Required Action			Timeline			Notes	
programs. The stude	nt wil	I abide by the growth	n plan and his/he	r perform	ance wil	s in the ECHS/P-TECH/C I be reviewed each grac uccess in the program.	

Magnet Review Committee Signatures:	
Magnet Advisor/Principal Designee: <u>Gina Makdion</u>	Date:
Student:	Date:
Method of parent contact: 🗆 Phone 🗀 In person 🛛 Email 🛛 Mail	
Parent contact date:	