



**Chicago Public Schools
INDIVIDUAL STUDY PLAN (ISP)
Twenty-Week (Semester Plan)**

1. Student Information:			
Name of Student:		I.D. Number:	Date:
Name of Counselor:			
School:		Division Number:	
This student participates in:			
Athletics (list):	Extra-Curricular Activities (list):		

High school students who wish to participate in interscholastic athletics must earn passing grades in at least twenty-five (25) credit hours during the previous academic semester in order to establish academic eligibility for the current semester. Additionally, students who did not attain or maintain a minimum 2.0 grade point average (GPA) on a 4.0 scale will be required to execute an Individual Study Plan (ISP) to establish academic eligibility.

The ISP must be developed by the student’s counselor within two (2) weeks following the end of the marking period in which the student did not attain or maintain a 2.0 GPA. The ISP requires the student’s participation in after-school classes, tutoring, labs, or other opportunities, which provide the additional instruction needed to support academic improvement. Failure to abide by the terms of the ISP will cause the student to be suspended from participation in all interscholastic athletic activities for the remainder of the semester.

2. INDIVIDUAL STUDY PLAN			
The student named above will participate in the following MANDATORY academic activities, which are to be consistent with the standards for each study area, and must be approved by the Principal, Athletic Director, or Head Coach every Monday of the twenty (20) week period. Attendance at all ISP related activities, as well as regular classroom activities, is MANDATORY.			
Subject Area of Support	Staff Responsible	When (Scheduled Day(s) of the Week and Time)	Where (Location)

3. Required Signatures			
Student Signature		Date:	
Parent/Guardian Signature		Date:	
Athletic Coach or Extra-Curricular Sponsor		Date:	
School Counselor		Date:	
Principal		Date:	



Chicago Public Schools
INDIVIDUAL STUDY PLAN (ISP)
Twenty-Week (Semester Plan) Weekly Sign-Off Sheet

Student Information:				
Name of Student:		I.D. Number:		Date:
Name of Counselor:				
School:		Division Number:		
This student participates in:				
Athletics (list):		Extra-Curricular Activities (list):		

The student named above must provide this *Twenty-Week (Semester Plan) Weekly Sign-Off Sheet* to his/her Athletic Coach or Extra-Curricular Sponsor by end of day each Friday.

4. Required Signatures		
Student Signature	Staff Member	Date:
1.		
2.		
3.		
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