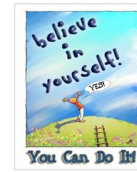




QD Learning's Incentive Compensation Program (ICP)



Student's Name: _____

Student's Signature: _____

Date: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Reviewer's Name: _____

Reviewer's Signature: _____

Date: _____

Review Period: _____



Goal	Category (e.g. English, Math, Behavior, etc)	Success Criteria (Measurable results)	Goal Weighting (Percentage)	Actual Achievement

DON'T FORGET TO BE AWESOME.