



School: _____

Continuous Learning Plan

Student will generate over 1 Average Daily Membership

Student _____ Grade _____ Date Implemented _____ Date Reviewed _____

STUDENT PERFORMING:

- 1. Below grade level and requires additional support.
- 2. Below grade level but making good progress with additional support

AREA(S) OF CONCERN (Check all that apply):

- READING** **MATH** **WRITING** **SOCIAL/EMOTIONAL**

GOALS: To increase skills to grade level in noted areas by end of term, the student will focus on the following goals:

- | READING | MATH | WRITING | SOCIAL/EMOTIONAL |
|--|---|--|---|
| <input type="checkbox"/> Decoding | <input type="checkbox"/> Number Relationships | <input type="checkbox"/> Types/Purposes | <input type="checkbox"/> Builds/Maintains Positive Relationships |
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Place Value | <input type="checkbox"/> Writing Process | <input type="checkbox"/> Constructively resolves conflicts w/others |
| <input type="checkbox"/> Fluency | <input type="checkbox"/> Algebraic Thinking | <input type="checkbox"/> Research/Publishing | <input type="checkbox"/> Demonstrates perseverance |

ACTIVITIES/FREQUENCY: Student will reach goals through instructional and/or behavioral activities in the Extended Learning program:

- Small/flexible group instruction 2-4 hours/week Specific behavioral curriculum 30 minutes/week

ASSESSMENTS: See Focused Instruction Benchmarks

Completed at program exit

Did the student meet all of their goals? Yes No

What goals were not met?

Student Signature/Date	Parent Signature/Date	*Teacher Signature/Date
------------------------	-----------------------	-------------------------

Team Member Signature/Date	Team Member Signature/Date	Team Member Signature/Date
----------------------------	----------------------------	----------------------------

***I certify that student enrolled is eligible under the following statute: 124D.68 Graduation Incentives Program as denoted below:**

- performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
- has been referred by a school district for enrollment in an eligible program or a program pursuant to section [124D.69](#);
- has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
- speaks English as a second language or is an English learner; or
- has withdrawn from school or has been chronically truant

Parent Signature attempt 1 date	Parent Signature attempt 2 date	Parent Signature attempt 3 date
---------------------------------	---------------------------------	---------------------------------