



New Prague Alternative Learning Center
 405 1st Ave. NW
 New Prague, MN 56071
 Phone: (952) 758 -1745
 Fax: (952)758 -1749

Continual Learning Plan – High School

NAME _____ BIRTHDATE _____ GRADE _____

PARENT NAME _____

ADDRESS _____

PHONE NUMBER (HOME) (____) _____ WORK (____) _____

EMAIL _____

.....

Current services the student is receiving (check all that apply):

- Special Education
- 504 Plan
- Free or reduced lunch
- LEP services
- Social worker Name: _____
- School psychologist Name: _____
- Therapists Name: _____

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General Information

Unique Learning Needs:

Preferred learning style (How do you learn best? Reading, listening, doing):

Interests: _____

Talents: _____

Personal & life goals: _____

Student accommodations/needs (please check all that apply):

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Time | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Motivation | <input type="checkbox"/> Language |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Student support areas (please check all that apply to your needs):

- | | | |
|---|---|--|
| <input type="checkbox"/> Support groups | <input type="checkbox"/> Personal counseling | <input type="checkbox"/> Home base advising |
| <input type="checkbox"/> Outreach provider | <input type="checkbox"/> Community resources | <input type="checkbox"/> Peer mediation |
| <input type="checkbox"/> Diversity advocate | <input type="checkbox"/> Friendship groups | <input type="checkbox"/> Restitution program |
| <input type="checkbox"/> AA/NA/ALANON | <input type="checkbox"/> Academic counseling groups | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Post Secondary Planning

MCIS/ISEEK/CAI:

Date Completed: _____

Interests:	Skills:	Post Secondary Programs:

ACCUPLACER:

Date Completed: _____

English Results	Math Results	Computer Skills

Standardized Tests (ACT/ASVAB):

Test	Registered Test Date	Completed Test Date	Composite Score

College Visits:

College	Date	Program

College Applications:

College	Date Sent In	Accepted
		YES NO
		YES NO

Financial Aid:

Online form completion date: _____

CTE classes taken:	
Post Secondary Options Courses Specific courses/month-yr:	
Work Experience Classes: Job Shadowing Jobs: Dates:	

Career exploration activities	Date/What	Date/What	Date/What	Date/What
Interviews				
Attendance at Presentations				
Volunteering				
Leadership				
Service Learning				
Peer Helper (Student Aide)				
Mentor Programs				
Field Trips				
Others				

Education Progress Goals & Outcomes

Academic Goals

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

Technology Skills/Goals

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

Post High School Planning (Career Exploration, Employment, Post Secondary Planning)

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

Personal/Social Development (Nutrition, Physical Fitness, Community, Behavior)

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

Other Goals

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

School Year _____ Date attained _____

1. _____
2. _____
3. _____

Comments: _____

Continual Learning Plan

I have read and completed the attached Continual Learning Plan. All information is true and complete to the best of my knowledge.

Student Signature

Date

Parent Signature

Date

Teacher Signature

Date

SENIORS ONLY!
Seniors must review their CLP's with their advisor upon graduation.

Senior Exit Interview:

Senior Signature _____

Date _____

Advisor Signature _____

Date _____

