

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"/> Motivation | <input type="checkbox"/> Language | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Chemical Dependency | <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"/> _____ |

High School Planning

See attached transcript and data form for MCA & NWEA Testing Information

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: _____

Career Interest 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

