

New Prague Alternative School Continual Learning Plan

(Please print legibly)

Student Name: _____ Home School: _____ Graduation Year: _____

Current Status: <i>(Where is the student currently at?)</i>	Goals: <i>(Where does the student want to go?)</i>	Activities: <i>(How will the student meet their goals?)</i>	Assessments: <i>(How and when will the student know they have met the goals?)</i>
(Check appropriate boxes) <input type="checkbox"/> Graduation Plan Needed <input type="checkbox"/> Credits Needed <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP Plan <input type="checkbox"/> Other _____	(Check appropriate boxes) <input type="checkbox"/> Academic Credit Make-Up <input type="checkbox"/> Basic Skill Remediation <input type="checkbox"/> Basic Skill Improvement <input type="checkbox"/> Graduation Plan <input type="checkbox"/> Test Prep <input type="checkbox"/> Other (i.e., social-emotional skills, study skills, vocational, transitional, parenting, personal)	(Check appropriate boxes) <input type="checkbox"/> Attend ALC Program (___Day ___Night ___Summer) <input type="checkbox"/> Attend Targeted Services (___After School ___Test Prep) <input type="checkbox"/> Attend Targeted Services Summer Program <input type="checkbox"/> Attend Test prep Program <input type="checkbox"/> Attend Other _____	(Check appropriate boxes) <input type="checkbox"/> Completing Credit Requirements <input type="checkbox"/> Completing Testing <input type="checkbox"/> Formal Assessment <input type="checkbox"/> Informal Assessment

Current Status:	Goals:	Activities:	Assessment:
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Parents Notified Upon Exit: YES _____ NO _____ Date: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Staff Signature: _____

Date: _____

NAME _____ BIRTHDATE _____ GRADE _____

PARENT NAME _____

ADDRESS _____

PHONE NUMBER (HOME) _____ WORK _____ OTHER _____

EMAIL _____

Indicators of Need: (Check all that apply)

___ performs substantially below the performance level for pupils of the same age in a locally determined achievement test;

___ is at least one year behind in satisfactorily obtaining credits for graduation

___ is pregnant or is a parent;

___ has been assessed as chemically dependent;

___ has been excluded or expelled according to sections 121A.40 to 121A.56;

___ has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69;

___ is a victim of physical or sexual abuse;

___ has experienced mental health problems;

___ has experienced homelessness some time completing coursework or within six months before requesting a transfer to an eligible program;

___ speaks English as a second language or has limited English proficiency (LEP), or has limited English proficiency (LEP), or;

___ has withdrawn from school or has been chronically truant.

___ Other _____
please fill in