Sample - Continual Learning Plan Targeted Services Program

Fiscal Year this plan covers:__________

This is a sample form and is intended for schools to modify for their own use.

**Part I: Student Information**

Student Name:_________________________ Grade Level:_______________

Student ID:_________________________

What need must be addressed (why is the student here)?

**Part II: The student’s learning objectives (goal):**

**Part III: Learning experiences that must occur during the entire fiscal year and are necessary for grade progression and how you will evaluate these.**

**Goal 1:**

*Method of Assessment:*

**Goal 2:**

*Method of Assessment:*

**Part IV: List the requirements needed for grade level progression that the student must meet.**

**Part V: Signatures**

Student:_________________________ Date:________________________

Parent/guardian:_________________________ Date:________________________

Staff:_________________________ Date:________________________

**Part VI: Review**

Did the student accomplish her goals? ______Yes* ______No

*If yes, please indicate which goals were unmet.

**Results of Goal Review** (if goal is not met, indicate plan for meeting the goal):