

**Continual Learning Plan SAMPLE – Indicators of Need Form (optional, not required)**

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

Teacher Name: \_\_\_\_\_ (Date of Assessment) \_\_\_\_\_

ACADEMIC	Performance	Comments
<b>Maintain/increase levels in Reading/Language</b>		
comprehension	1 2 3 4	
verbal communication	1 2 3 4	
written communication	1 2 3 4	
listening skills	1 2 3 4	
reading level (please fill in)	1 2 3 4	
<b>Maintain/increase levels in Mathematics</b>	<b>Performance</b>	<b>Comments</b>
number recognition	1 2 3 4	
addition/subtraction	1 2 3 4	
multiplication/division	1 2 3 4	
patterns & relationships	1 2 3 4	
math level (please fill in)	1 2 3 4	
<b>General Academic</b>	<b>Performance</b>	<b>Comments</b>
completion of assignments	1 2 3 4	
attention to task	1 2 3 4	
school attitude	1 2 3 4	
ability to problem-solve	1 2 3 4	
organizational skills	1 2 3 4	
<b>Behavior Social Skills</b>	<b>Performance</b>	<b>Comments</b>
follows instructions	1 2 3 4	
displays signs of stress or depression	1 2 3 4	
general health	1 2 3 4	
hygiene	1 2 3 4	
conflict resolution skills	1 2 3 4	
peer relationship & group skills	1 2 3 4	

**PERFORMANCE CRITERIA RUBRIC:**

1 = Not Mastered 2 = Partial Mastery 3 = Acceptable 4 = Exemplary

Other (add any unique interests/strengths in comments section)