

SAMPLE – Continual Learning Plan Intake Form (optional, not required)

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

Student Name _____ Birth Date _____ Grade _____

Parent Name _____

Address _____

Phone Number (Home) (_____) _____ Work (_____) _____

Student ID Number _____ Date of Intake _____

School _____

Referred By _____ Position _____

Indicators of Need: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Performs substantially below the performance level for pupils of the same age in a locally determined achievement test | <input type="checkbox"/> has been referred by a school district for enrollment in an eligible program or program pursuant to section 124D.69 |
| <input type="checkbox"/> has experienced mental health problems | <input type="checkbox"/> is pregnant or is a parent |
| <input type="checkbox"/> has experienced homelessness sometime within six months before requesting a transfer to an eligible program | <input type="checkbox"/> is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation |
| <input type="checkbox"/> speaks English as a second language or has limited English proficiency (LEP) | <input type="checkbox"/> has been referred by a school district for enrollment in an eligible program or program pursuant to section 124D.69 |
| <input type="checkbox"/> has been excluded or expelled according to sections 121A.40 to 121A.56 | <input type="checkbox"/> has withdrawn from school or has been chronically truant |
| <input type="checkbox"/> has been assessed as chemically dependent | <input type="checkbox"/> is a victim of physical or sexual abuse |

Reading Level _____

Math Level _____

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

- | | |
|--|--|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> LEP Services |
| (If Yes): IEP in place: | <input type="checkbox"/> Social Worker/School Psychologist |
| <input type="checkbox"/> YES | |
| <input type="checkbox"/> NO | |

Comments: from intake team, including goal(s), relating to indicators of need listed above:
