

**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):