

**CENTRAL MN JOINT POWERS DISTRICT 6074
ALC CONTINUAL LEARNING PLAN**

(PLEASE FILL IN ALL AREAS)

School District	Home School	Program/Date		
Assessments Used: <input type="checkbox"/> Attendance <input type="checkbox"/> IEP/504 <input type="checkbox"/> Teacher Observation <input type="checkbox"/> Spread Sheets <input type="checkbox"/> Career Assessments <input type="checkbox"/> Academic <input type="checkbox"/> BST/Standardized Test Scores <input type="checkbox"/> High Standards Completion <input type="checkbox"/> Portfolio <input type="checkbox"/> Learning Style <input type="checkbox"/> Report Card/Transcript <input type="checkbox"/> As Defined By Program <input type="checkbox"/> Other –	Name		DOB	Date:
	Home Address		Qualifying Criteria	Advisor/Counselor
	Phone	Reading MCA Passed Not Passed	Math MCA Passed Not Passed	Writing MCA Passed Not Passed
	Parent/Guardian		Expected Graduation Date	
What led you here?				
What do you hope to accomplish here?				
What are your sources of support – who cares about your success?				
Do you have a career goal? If so, what is it?				
Transportation?	Health?	Habits?	Stressors?	
Learning Preference or what bother you about school?				

Steps to take or Goals: (Academic Development, Personal Development and Career Development)
(choose one in EACH area)

A = Academic P = Personal C = Career

(Performance Criteria Rubric: 1 - not mastered 2 – Partial Mastery 3 – Acceptable 4 - Exemplary)

Goals/Objectives		Activities	Assessments							
			Date				Date			
A1			1	2	3	4	1	2	3	4
A2			1	2	3	4	1	2	3	4
A3			1	2	3	4	1	2	3	4
P1			1	2	3	4	1	2	3	4
P2			1	2	3	4	1	2	3	4
P3			1	2	3	4	1	2	3	4
C1			1	2	3	4	1	2	3	4
C2			1	2	3	4	1	2	3	4
C3			1	2	3	4	1	2	3	4

Other:

Parent Signature: _____ **Date:** _____

Student Signature _____ **Date:** _____

Counselor/Referring Person: _____ **Date:** _____

Reviewed By: _____ **Date:** _____

Reviewed By: _____ **Date:** _____

Reviewed By: _____ **Date:** _____