

CONTINUAL LEARNING PLAN
Central MN Joint Powers District #6074

To be completed by the classroom teacher/s, extended time/summer school teachers, and next years classroom teacher.

STUDENT: _____ PROGRAM TITLE/DATE: _____

LEARNER AT-RISK QUALIFYING CATEGORIES: _____ PROGRAM TITLE/DATE: _____

LEARNING YEAR: _____ PROGRAM TITLE/DATE: _____

(1 Calendar Year)

SCHOOL SITE/DISTRICT: _____ STUDENT'S CURRENT GRADE: _____

REFERRING PERSON: _____ CONTACT PERSON: _____

AREAS OF CONCERN AND EVALUATION (I AND II) Assessments Used:

- MCA &/or standardized test scores
 Teacher Observation
 Attendance
 Academic
 Career Assessments
 IEP/504 Plans
 Report Card/Transcripts
 Portfolio
 Learning Style
 Spread Sheets
 Completion of High Standards
 As defined by program
 _____ Other

Performance Criteria Rubric: 1. Not Mastered 2. Partial Mastery 3. Acceptable 4. Exemplary

	Area of Concern (Current Classroom Teacher)	Area Included (Program Teacher)	Evaluation (Program Teacher) _____ (Date)	Area Included (Classroom Teacher) _____ (Date)	Evaluation (Classroom Teacher) _____ (Date)	Final Evaluation (Date)
I. Academic Outcomes:						
Maintain/increase levels in Reading/Language	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
word attack	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
comprehension	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
verbal communication	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
writing communication	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
listening skills	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
editing skills	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
research skills	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
other _____	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
Maintain/increase levels in Mathematics						
number recognition	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
1 to 1 correspondence	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4
addition/subtraction	_____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4

	Area of Concern (Current Classroom Teacher)	Area Included (Program Teacher)	Evaluation (Program Teacher) <hr/> (Date)	Area Included Next Years Classroom Teacher)	Evaluation (Classroom Teacher) <hr/> (Date)	Final Evaluation (Date)	
General academic	multiplication/division	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	estimation	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	patterns and relations	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	measurement	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	problem solving	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	other _____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	completion of assignments	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	improve attendance	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	improve attention to task	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	reinforce positive school attitude	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	investigate special interests	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	other _____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	II. Personal/Social Development Outcomes						
	Social Skills						
	how to follow instruction	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	how to accept criticism or a consequence	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	how to accept "No" for an answer	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	how to get the teachers attention	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	how to make a request	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	how to disagree	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	how to give negative feedback	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	how to apologize	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	other _____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
Personal Relationship							
	strengthening peer relationships	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	in group projects/discussion	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	strengthening peer relationships	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	in social activities	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	other _____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
Conflict Resolution							
	how to resolve verbal aggression	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	how to resolve physical aggression	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	other _____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
Mental Health							
	signs of grief	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	
	other _____	_____	1 2 3 4	_____	1 2 3 4	1 2 3 4	

INTERVENTIONS (III, IV AND V) (must be new or different interventions for these learners)

III. Regular School-day Interventions (Academic & Personal/Social Development)

ACADEMIC

	Check	Teacher Initials	
1.	_____	_____	Referral to Assurance of Mastery
2.	_____	_____	Individualizing Tutoring
3.	_____	_____	Peer Tutor
4.	_____	_____	Adapting Instruction to Individual Needs of Students (describe below)
5.	_____	_____	Structured Study Hall
6.	_____	_____	Other _____
7.	_____	_____	Other _____
8.	_____	_____	Other _____

PERSONAL/SOCIAL DEVELOPMENT

	Check	Teacher Initials	
1.	_____	_____	Mentorship Program
2.	_____	_____	Individual Counseling Sessions
3.	_____	_____	Service Learning Activities
4.	_____	_____	Weekly Group Counseling Sessions
5.	_____	_____	Behavior Contract
6.	_____	_____	Participation in a New Interest Activity
7.	_____	_____	Other _____
8.	_____	_____	Other _____
9.	_____	_____	Other _____

Comments:

IV. After School Services & Interventions (Academic & Personal/Social Development)

ACADEMIC

	Check	Teacher Initials	
1.	_____	_____	After School Peer Tutoring
2.	_____	_____	After School Individualized Instruction
3.	_____	_____	Saturday School
4.	_____	_____	Smart Moves _____
5.	_____	_____	Other _____
6.	_____	_____	Other _____
7.	_____	_____	Other _____

PERSONAL/SOCIAL DEVELOPMENT

	Teacher Check	Initials	
1.	_____	_____	Participation in a New Interest Activity (describe below)
2.	_____	_____	Service Learning Activities
3.	_____	_____	Mentorship
4.	_____	_____	Support Group
5.	_____	_____	Other _____
6.	_____	_____	Other _____

Comments:

V. Summer Services & Interventions (Academic & Personal Development)

ACADEMIC

	Check	Teacher Initials	
1.	_____	_____	Peer Tutoring
2.	_____	_____	Small Group Instruction - Math/Language Arts
3.	_____	_____	Individualized Instruction
4.	_____	_____	Other _____
5.	_____	_____	Other _____
6.	_____	_____	Other _____

PERSONAL/SOCIAL DEVELOPMENT

	Check	Teacher Initials	
1.	_____	_____	Mentorship Program
2.	_____	_____	Service Learning Activities
3.	_____	_____	Other _____
4.	_____	_____	Other _____
5.	_____	_____	Other _____
6.	_____	_____	Other _____

Comments:

VI. Comments and Suggestions for next years Classroom Teacher:

Classroom Teachers _____
Date

Program Teachers _____
Date

Student _____
Date

Parent/Guardian _____
Date

Note: At the end of the calendar year, the completed CLP must be filed in your cum files.