

School: \_\_\_\_\_  
 Grade: Kindergarten - Green  
 Learner At-Risk Category: \_\_\_\_\_

CONTINUAL LEARNING PLAN  
 Central Minnesota Joint Powers 6074

Student's Name: \_\_\_\_\_  
 DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's Date \_\_\_\_\_

Assessment Scores:	Assessments Used for this CLP: <input type="checkbox"/> MCA, BST &/or Standardized Test Scores <input type="checkbox"/> Teacher Observation <input type="checkbox"/> Career Assessments <input type="checkbox"/> Report Card/Transcript <input type="checkbox"/> Spread Sheets <input type="checkbox"/> Completion of High Standards <input type="checkbox"/> As defined by Program
	<input type="checkbox"/> Attendance <input type="checkbox"/> Academic <input type="checkbox"/> Portfolio <input type="checkbox"/> Learning Style <input type="checkbox"/> <b>IEP/504 Plans</b> <input type="checkbox"/> <b>ELL/ESL</b> Other _____

Codes: R = Remediate    N = No need beyond regular curriculum    **OR**    (Targeted Services Rubric 1 2 3 4)  
**1 = Not Mastered    2 = Partial Mastery    3 = Acceptable    4 = Exemplary**

	Code:	Need for Special Focus/ Area of Concern	Plan of Action/ <u>New School Day</u> Intervention <i>(Mandatory for TS Students)</i>	Evaluation Dates (Targeted Services Students)	Progress Notes / Rubric	
					Regular School Day	Targeted Services
Language Arts				1. _____ 2. _____ 3. _____	_____ _____ _____ _____	_____ _____ _____ _____
Math				1. _____ 2. _____ 3. _____	_____ _____ _____ _____	_____ _____ _____ _____
Social/Emotional				1. _____ 2. _____ 3. _____	_____ _____ _____ _____	_____ _____ _____ _____
Work Habits				1. _____ 2. _____ 3. _____	_____ _____ _____ _____	_____ _____ _____ _____

	Code	Need for Special Focus/ Area of Concern	Plan of Action/New School Day Intervention <i>(Mandatory for TS Students)</i>	Evaluation Dates (Targeted Services Students)	Progress Notes / Rubric	
					Regular School Day	Targeted Services
Physical				1. _____ 2. _____ 3. _____	_____	_____
Special Interests/ Talents				1. _____ 2. _____ 3. _____	_____	_____

Use this box for Targeted Services Only

**Targeted Services Program 1** \_\_\_\_\_

<b>Academic Intervention</b>	<b>Date</b>
Teacher	
Check Initials	
1. _____ Peer Tutoring	
2. _____ Small Group Instruction	
3. _____ Other _____	

<b>Personal/Social Development Intervention</b>	
Teacher	
Check Initials	
1. _____ Support Group	
2. _____ Service Learning Activities	
3. _____ Other _____	

**Targeted Services Program 2** \_\_\_\_\_

<b>Academic Intervention</b>	<b>Date</b>
Teacher	
Check Initials	
1. _____ Peer Tutoring	
2. _____ Small Group Instruction	
3. _____ Other _____	

<b>Personal/Social Development Intervention</b>	
Teacher	
Check Initials	
1. _____ Support Group	
2. _____ Service Learning Activities	
3. _____ Other _____	

**Targeted Services Program 3** \_\_\_\_\_

<b>Academic Intervention</b>	<b>Date</b>
Teacher	
Check Initials	
1. _____ Peer Tutoring	
2. _____ Small Group Instruction	
3. _____ Other _____	

<b>Personal/Social Development Intervention</b>	
Teacher	
Check Initials	
1. _____ Support Group	
2. _____ Service Learning Activities	
3. _____ Other _____	

Review/Evaluation Date: \_\_\_ / \_\_\_ / \_\_\_.

Review/Evaluation Date: \_\_\_ / \_\_\_ / \_\_\_.

Review/Evaluation Date: \_\_\_ / \_\_\_ / \_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature (Optional)

\_\_\_\_\_  
Parent Signature (Optional)

\_\_\_\_\_  
Classroom Teacher Signature

\_\_\_\_\_  
Classroom Teacher Signature

\_\_\_\_\_  
Classroom Teacher Signature

\_\_\_\_\_  
Targeted Services Teacher (if applicable)

\_\_\_\_\_  
Targeted Services Teacher (if applicable)

\_\_\_\_\_  
Targeted Services Teacher (if applicable)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Signature