

RESET FORM

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/s

Site/District Current Grade

Entrance Date Contact Person Learning Year

At-Risk Categories Referring Person

AREAS OF CONCERN AND EVALUATION (I AND II)

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

I. & II. Academic & Personal/Social Outcomes and Assessments

Maintain/Increase level in reading/language **Area of Concern** **Program1** **Program2** **Prog3/YrEnd**

word attack

comprehension

verbal communication

written communication

editing skills

Maintain / increase levels in Mathematics

number recognition

basic math facts

estimation

measurement

problem solving

II. Personal/Social Development

peer relations

managing aggression

following instructions

positive school attitude

Assessments Used

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

Academic Intervention

Personal/Social Intervention

IV. Extended Day Interventions (Academic & Personal/Social Development)

Academic Intervention 1

Behavior Intervention 1

Academic Intervention 2

Behavior Intervention 2

V. Summer School Services & Interventions (Academic & Personal/Social Development)

Targeted Services Academic Intervention

Targeted Services Personal/Social Intervention

Classroom Teacher _____ Date

Program Teacher _____ Date

Student _____ Date

Parent Signature _____

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