## **Pacific Charter Institute**

## STUDENT LEARNING PLAN

Student Information		Parent/Guardian Information
	Name:	_Name:
	Grade:	Phone:
	Fall Percentile(M)/(ELA)/	/(R) Winter Percentile(M)/(ELA)/(R)

/Concern	uency			
Academic Goal(s)	Resource Needed to Achieve Academic Goal(s)			Reserved Budget
	Curriculum/	Supplies	Vendors/Services	per course
				EUs
				EUs
				EUs
				ELL
				EUs
				EUs
				EUs
				EUs
			TOTAL BUDG	GET: EUs
n:		Received By:		
Sign	Date		Sign	Date
er:	 Date	Approved By:		Date
	Academic Goal(s)  n:Sign	Academic Goal(s)  Resourc Curriculum/	Academic Goal(s)  Resource Needed to Achieve A Curriculum/Supplies    Curriculum/Supplies	Academic Godi(s)  Curriculum/Supplies  Vendors/Services  TOTAL BUDG  In:  Sign Date  Received By:  Sign Approved By: