

STUDENT LEARNING PLAN

Student Information

Name: _____
Grade: _____

Parent/Guardian Information

Name: _____
Phone: _____

Prior-year Percentile(M)____/(ELA)____/(R)____ Fall Percentile(M)____/(ELA)____/(R)____ Winter Percentile(M)____/(ELA)____/(R)____

Areas of Strength/Concern_____ Meeting Frequency_____

Course on MA	Academic Goal(s)	Resource Needed to Achieve Academic Goal(s)		Reserved Budget per course
		Curriculum/Supplies	Vendors/Services	
Math				EUs
ELA				EUs
Social Studies				EUs
Science				EUs
Enrichment/PE				EUs
Supplies				EUs
				EUs

TOTAL BUDGET: EUs

Parent/Guardian: _____
Sign _____ Date _____

Received By: _____
Sign _____ Date _____

Reviewing Teacher: _____
Sign _____ Date _____

Approved By: _____
Sign _____ Date _____