Learning Academy
Targeted Services
Referral/Continued Learning Plan

Student's Name _____ Grade _____ School Building_____

Referring Classroom Teacher _____ Date _____

<table>
<tr><td rowspan="3">General Education Referring Teacher or Case Manager</td><td>

Current Services Student is Receiving:

☐ Title I

☐ Children's Mental Health

☐ 504

☐ Other_____

Special Education

☐ Special Education (IEP: Y___ N___)

_____
Case Manager Name

Accommodations

needed :

</td><td>

Assessment Scores:

MCA   Math: _____   Reading: _____

MAP Reading   _____   _____
Student Score   Target Score

MAP Math   _____   _____
Student Score   Target Score

STAR Score: _____

BAS Reading Assessment: _____   _____
Student Score   Target Score

Other:

</td></tr>
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Indicators of Need: (Check all that apply)

Is below proficiency in one or more areas based on standardized tests

Is below one or more grade levels in proficiency in one or more subject areas

Speaks English as a second language or has Limited English proficiency (LEP)

Has experienced homelessness within the last six months

Has withdrawn from school or has a high level of absenteeism

Demonstrates low motivation

Is clearly discouraged to the point of having little hope for being successful

Other:

</td><td>

Student Goal Indicators: (Check all that apply)
<u>Language Arts</u>

☐ Fluency

☐ Comprehension

☐ Accuracy

☐ Vocabulary

☐ Verbal Communication

☐ Written Communication

<u>Math</u>

☐ Number Sense

☐ Basic Math Facts

☐ Estimating

☐ Measurement

☐ Problem Solving

<u>Social Skills</u>

☐ Listening and following directions

☐ Working independently & responsibly

☐ Demonstrate respect for others

☐ Positive school attitude

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Student Goals: (Select two student goal indicators and write a measureable goal for each.)

Goal 1:   Goal 2:

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Learning Academy Teacher	**Goal 1:**	**Goal 2:**
	Activities (How will the student meet their goal(s)?)	**Assessments/ Measurements Used:** (What tools were used to measure data?)
	Student progress towards indicated goals:	

_____   _____

Parent/Guardian Signature   Date   Student Signature   Date

_____

Learning Academy Teacher   Date

(Per MS 124D.128: Subdivision 3: participation in the program is optional)