

Credit Recovery Continual Learning Plan

To be Completed by Referring Staff

Student Name _____ Gender _____ Grade _____
MARSS # _____ Counselor/Advisor _____
School _____ School YR: _____ - _____ or Summer YR _____

Current Services the Student is Receiving (Student does not need these for Targeted Services)
 Title I - Special Education with IEP in LD EBD ELL - 504 Plan

Current Status/Indicators of Need for Credit Recovery:

Academic Goal:

Attendance Goal:

Behavior Goal:

Social/Emotional Goal:

Signatures/Comments

Referring Staff: _____ School YR: _____ - _____ Date: _____
Comments: _____

Parent: _____ Date: _____
Comments: _____

Credit Recovery Teacher: _____ School YR: _____ - _____ Date: _____
Comments: _____

Final Course Grade _____