River Bend Education District

# Credit Recovery
# Continual Learning Plan

The form must be updated at least once per year, starting in the summer.

Student Name _____ Graduation Year: _____

Counselor/Advisor _____

District _____ Summer Year: _____

**Current Status/Indicators of Need for Credit Recovery:**

**Academic Goal:**

**Personal Goal: (REQUIRED May include attendance, behavior, social, or emotional skills)**

**Signatures/Comments**

Participation in the program is optional. A continual learning plan must be developed at least annually for each pupil with the participation of the pupil, parent or guardian, teachers, and other staff; each participant must sign and date the plan as acknowledgement of the voluntary nature and focus of this program.

Student:_____Date: _____

Parent: _____ Date: _____

Teacher: _____ Date: _____

**Review of Goals:**

Class 1 _____ Completion Date:_____ Final Grade _____

Class 2 _____ Completion Date:_____ Final Grade _____

Class 3 _____ Completion Date:_____ Final Grade _____

If goal was not met (credit not received), reason for not meeting goal:

**A signed copy must be saved on site for 3 years. Following conclusion of program, send virtual copy to ddixon@riverbend.k12.mn.us**