

RBED Targeted Services (TS) - Continuous Learning Plan (CLP)

Student Name: _____ Serving District: _____ Grade for upcoming year: _____

Current Status	Overall Goals for Current School Year	Activities	Assessments Used for Referral Purposes
(check all appropriate) <input type="checkbox"/> MCA Remediation <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP Plan <input type="checkbox"/> Probation <input type="checkbox"/> Truancy <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Academic _____ _____ _____ <input type="checkbox"/> Academic _____ _____ _____ <input type="checkbox"/> Personal _____ _____ _____ Personal Goal must be written for all students in targeted services addressing social/emotional skills.	<input type="checkbox"/> SY Targeted Services Program <input type="checkbox"/> SS Targeted Services Program <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> FastBridge testing results _____ Math _____ Reading _____ Social Skills <input type="checkbox"/> Current MCA testing results _____ Math _____ Reading Motivation to attend school <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Court <input type="checkbox"/> Social Services <input type="checkbox"/> Other <input type="checkbox"/> Attendance Goal _____ % Learning Style <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Kinesthetic Group Size Preference <input type="checkbox"/> Individual <input type="checkbox"/> Small group <input type="checkbox"/> Large group <input type="checkbox"/> Other District or Individual Plan

Academic Plan

Academic Goals – Mastery of Grade Level Standards	Barriers to Education		Support Services Needed And Plan to Address Personal Goal
Post-Targeted Services testing results: <input type="checkbox"/> FastBridge testing results _____ Math _____ Reading _____ Social Skills <input type="checkbox"/> Current MCA testing results _____ Math _____ Reading <input type="checkbox"/> Attendance _____ %	<input type="checkbox"/> Attitude toward school <input type="checkbox"/> Conflict <input type="checkbox"/> Grief <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Bullying <input type="checkbox"/> Transportation <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Paying attention <input type="checkbox"/> Problem solving ability <input type="checkbox"/> Health <input type="checkbox"/> Hunger <input type="checkbox"/> Homelessness <input type="checkbox"/> Relationships with peers	<input type="checkbox"/> Depression <input type="checkbox"/> Physical aggression <input type="checkbox"/> Work schedule <input type="checkbox"/> Drugs/ alcohol <input type="checkbox"/> Attendance <input type="checkbox"/> Organization <input type="checkbox"/> Hygiene <input type="checkbox"/> Group skills <input type="checkbox"/> Loneliness <input type="checkbox"/> Mental health <input type="checkbox"/> Children <input type="checkbox"/> Problems at home <input type="checkbox"/> Other _____	_____ _____ _____ _____ _____

Were any goals not met? No Yes If yes, which goals? _____

Student Signature _____ Date _____ Parent/ Guardian Signature _____ Date _____ Teacher/Counselor Signature _____ Date _____ Administrator Signature _____ Date _____

THERE IS A CLP REQUIRED FOR EVERY ALC TS STUDENT. THIS FORM SHOULD BE COMPLETED ANNUALLY. ALL FOUR SIGNATURES ARE REQUIRED FOR THIS CLP FORM TO BE VALID. RETAIN A COPY FOR YOUR RECORDS AND SUBMIT A COPY TO RBED AT THE END OF PROGRAMMING.