

## HVED Targeted Services - Continuous Learning Plan 2016-2017

Student Name: \_\_\_\_\_ Serving District: \_\_\_\_\_ Grade for **SY 16-17** \_\_\_\_\_

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 _____ _____ _____	<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  <b>Motivation to attend school</b> <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 _____ %  <b>Learning Style</b> <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Kinesthetic  <b>Group Size Preference</b> <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		
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 _____ %	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <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                             </td> <td style="width: 50%; border: none; vertical-align: top;"> <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 _____                             </td> </tr> </table>	<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 _____	_____ _____ _____ _____ _____
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**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 SATELLITE STUDENT. THIS FORM SHOULD BE COMPLETED ANNUALLY.**  
**RETAIN A COPY FOR YOUR RECORDS AND SUBMIT A COPY TO HVED WITH MARSS DATA SHEET**