**Student name Grade Class of**

**Plan approval on (date) By**

Estimated weekly hours of study required per week

[27.75 hrs min for 1.0 FTE (full-time). Note: This expects the student will have the opportunity to earn full course of credits for the year toward meeting graduation requirements, regardless of how many courses are taken at a time.]

Weekly contact requirement is satisfied by in-person conferences and classes, phone, email, and/or other digital methods.

Progress toward learning goals will be evaluated monthly.  
Unsatisfactory progress will result in an intervention plan.

| Course Title | State Course Code (CEDARS) | Certificated Teacher | Beginning Date | Completion Date | Course Type\* | Credit | Grade |
| --- | --- | --- | --- | --- | --- | --- | --- |
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Course syllabi is attached or available electronically. \*Course Type = (S) site-based (R) remote (O) online

### Plan Approval:

Certificated Teacher Date

Parent Student

Month Review Learning Plan for the purpose of reporting on student progress:

Learning Plan is successful Learning Plan is not successful Intervention Plan Implemented

Learning Plan is successful as evidenced by:

| Scores / Products | Comments |
| --- | --- |
|  |  |

| Subject area goals to be assessed at the next monthly evaluation: |
| --- |
|  |

Date Certificated Teacher Parent/Student

Month Review Learning Plan for the purpose of reporting on student progress:

Learning Plan is successful Learning Plan is not successful Intervention Plan Implemented

Learning Plan is successful as evidenced by:

| Scores / Products | Comments |
| --- | --- |
|  |  |

| Subject area goals to be assessed at the next monthly evaluation: |
| --- |
|  |

Date Certificated Teacher Parent/Student