

Program Name
WRITTEN STUDENT LEARNING PLAN

School Year _____

Student name _____

Grade _____

WSLP completed on (date): _____

Parent 1 _____

Address _____

City, St Zip _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Start Date _____

End Date _____

FTE _____

other FTE _____

at _____

Out of District:Y / N

IEPY / N

504Y / N

Parent 2 _____

Address _____

City, St Zip _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Minimum Total Hours of
Learning Activities per week:

Method(s) of Weekly
Contact:

- face-to-face
- phone
- synchronous or asynchronous digital

Student Testing:

SBAC: _____

MSP: _____

EOC: _____

WCAS: _____

Signatures:

Certificated Staff _____ Date _____

Parent _____ Student _____

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K-8 Course Listings:

CEDARS Code	Course	Type*	Certificated Teacher	Start Date	End Date
	Language Arts				
	Social Studies				
	Math				
	Science				
	Health/Fitness				
	Arts				

*TYPE: SB: Site-based (w/class time) R: Remote (Independent w/cert support) O: Online

Syllabus and Timeline for each course listed above are attached or are available electronically.

Successful progress is determined by the certificated teacher based the student’s progress toward achieving the learning goals and performance objectives specified in the WSLP. Failure to meet the minimum progress requirements will result in a modification to the learning plan. If progress does not improve and become successful within two months, the student may be withdrawn from the course and/or program.

Certificated Staff _____ Date _____

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High School Course Plan + Start / End Dates

Term/ Semester	Start Date	End Date	Term/ Semester	Start Date	End Date
S1	9/5/17	1/26/18	S2	1/29/18	6/15/18

CEDARS Code	District Code	Course	Certificated Staff	Type*	Sem	CR

***TYPE: SB: Site-based (w/class time) R: Remote (Independent w/cert support) O: Online**

Syllabus and Timeline for each course listed above are attached or are available electronically.
 Courses earning 1.0 credit are evaluated at end of each semester for letter grades (9th-12th).

Successful progress is determined by the certificated teacher based the student’s progress toward achieving the learning goals and performance objectives specified in the WSLP. Failure to meet the minimum progress requirements will result in a modification to the learning plan. If progress does not improve and become successful within two months, the student may be withdrawn from the course and/or program.

Certificated Staff _____ Date _____

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WSLP MONTHLY PROGRESS LOG

September: _____ S / U _____
date teacher student/parent initials / method of communication

October: _____ S / U _____
date teacher student/parent initials / method of communication

November: _____ S / U _____
date teacher student/parent initials / method of communication

December: _____ S / U _____
date teacher student/parent initials / method of communication

January: _____ S / U _____
date teacher student/parent initials / method of communication

February: _____ S / U _____
date teacher student/parent initials / method of communication

March: _____ S / U _____
date teacher student/parent initials / method of communication

April: _____ S / U _____
date teacher student/parent initials / method of communication

May: _____ S / U _____
date teacher student/parent initials / method of communication

Year End /Exit _____ S / U _____
date teacher student/parent initials / method of communication

Next Year's Placement: Grade _____ Location: _____

Reason(s) for leaving program:

