

# Program Name

## WRITTEN STUDENT LEARNING PLAN (WSLP) / Progress Report

School Year \_\_\_\_\_

Student name \_\_\_\_\_

Grade \_\_\_\_\_

Class of \_\_\_\_\_

Minimum weekly hours of study required per week \_\_\_\_\_

\_\_\_\_\_ Weekly contact requirement satisfied by attendance

circle: 1<sup>st</sup> / 2<sup>nd</sup> Semester

\_\_\_\_\_ Weekly contact requirement satisfied by digital contact

District Course Code	Course Title	State Course Code	Certificated Teacher	Beg Date	End Date	Syllabus	Course Type*	Grade	Credit

\*Course Type = (S) site-based (R) remote (O) online

### Plan Approval Signatures:

Certificated Teacher \_\_\_\_\_

Date \_\_\_\_\_

Parent \_\_\_\_\_

Student \_\_\_\_\_

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School Year \_\_\_\_\_

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	Comments

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

Date \_\_\_\_\_ Certificated Teacher \_\_\_\_\_ Parent/Student \_\_\_\_\_

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Date \_\_\_\_\_ Certificated Teacher \_\_\_\_\_ Parent/Student \_\_\_\_\_