## Student name Grade

## Student email Phone

##

### Parent 1

Address

City, St Zip

Home phone

Work phone

Cell phone

Email

### Parent 2

Address

City, St Zip

Home phone

Work phone

Cell phone

Email

### **Start Date**

### End Date

FTE

other FTE

at

Out of District: Y / N

IEP Y / N

504 Y / N

### Minimum of Total Hours of Learning Activities per week:

### Method(s) of Weekly Contact:

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

### Student Testing:

SBAC: NGSS:

OTHER (specify):

###  🞎 Courses: See attached page(s) 🞎 Statement of Understanding reviewed

Developed and communicated with the student and parent by:

Certificated Teacher Date

## Student name Grade

### K-8 Course Listings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CEDARS Code** | **Course** | **Type\*** | **Certificated Teacher** | **Start Date** | **End Date** |
|  | Language Arts |  |  |  |  |
|  | Social Studies |  |  |  |  |
|  | Math |  |  |  |  |
|  | Science |  |  |  |  |
|  | Health/Fitness |  |  |  |  |
|  | Arts |  |  |  |  |
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**\*ALE COURSE TYPE: T: Site-based Weekly U: Site-based not weekly R: Remote 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, taking into account life circumstances and other outside factors.

Failure to meet the minimum progress requirements will result in a modification to the learning plan. If progress does not improve and become successful after three Intervention Plans, the student may be withdrawn from the course and/or program.

Certificated Staff Date

Student Parent Student name Grade

### High School Course Plan + Start / End Dates

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Term/ Semester** | **Start Date** | **End Date** | **Term/ Semester** | **Start Date** | **End Date** |
| S1 |  |  | S2 |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CEDARS Code | Course | Certificated Staff | Type\* | Sem | CR | Grade |
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**\*ALE COURSE TYPE: T: Site-based Weekly U: Site-based not weekly R: Remote O: Online**

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

Courses 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, taking into account life circumstances and other outside factors.

Failure to meet the minimum progress requirements will result in a modification to the learning plan. If progress does not improve and become successful after three Intervention Plans, the student may be withdrawn from the course and/or program.

Certificated Staff Date

Student Parent