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
IEP ................................ Y / N
504 ................................ Y / 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 __________________________
Program Name  
WRITTEN STUDENT LEARNING PLAN  
School Year ____________

Student name __________________________ Grade __________________________

K-8 Course Listings:

<table>
<thead>
<tr>
<th>CEDARS Code</th>
<th>Course</th>
<th>Type*</th>
<th>Certificated Teacher</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Language Arts</td>
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<td>Social Studies</td>
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<td>Math</td>
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</tr>
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<td>Science</td>
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<td></td>
<td>Health/Fitness</td>
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<tr>
<td></td>
<td>Arts</td>
<td></td>
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</tbody>
</table>

*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 __________________________

Parent ___________________________________________ Student __________________________
### High School Course Plan + Start / End Dates

<table>
<thead>
<tr>
<th>Term/Semester</th>
<th>Start Date</th>
<th>End Date</th>
<th>Term/Semester</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>S1</td>
<td>9/5/17</td>
<td>1/26/18</td>
<td>S2</td>
<td>1/29/18</td>
<td>6/15/18</td>
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</table>

### Syllabus and Timeline

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 on 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 ___________________________

Parent ___________________________ Student ___________________________
### WSLP MONTHLY PROGRESS LOG

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>S / U</th>
<th>Student/Parent Initials / Method of Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td></td>
<td>S / U</td>
<td>teacher</td>
</tr>
<tr>
<td>October</td>
<td></td>
<td>S / U</td>
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</tr>
<tr>
<td>November</td>
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<td>Year End / Exit</td>
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<td>S / U</td>
<td>teacher</td>
</tr>
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**Next Year’s Placement:** Grade ______ Location: __________________________

**Reason(s) for leaving program:**

________________________________________________________________________

________________________________________________________________________