ALC 2019-2020 CONTINUOUS LEARNING PLAN

MIDDLE SCHOOL NAME __________________________

STUDENT NAME ___________________________ BIRTHDATE __________ GRADE ______

PARENT NAME (PRINTED) ___________________________ ___________________________

ADDRESS __________________________

PARENT/GUARDIAN PHONE (_____) ___________________ STUDENT PHONE (_____) ___________________

Current Services:  Special Education (IEP) ______ 504 _______ Families in transition ________

Please attach supplemental information about required 504 Plan or IEP learning adaptations and/or modifications.

Please list classes the student will be enrolled in.


Educational Goals for the current school year: __________________________________________

________________________________________________________________________________

Please check all that apply

- Performs substantially below the performance level for pupils of the same age in locally determined achievement test
- Has experienced mental health problems
- Has experienced homelessness sometime within six months before requesting a transfer to an eligible program.
- Speaks English as a second language or has limited English proficiency (LEP).
- Has been excluded or expelled according to sections 121A.40 to 121A.56.
- Has been referred by a school district for enrollment in an eligible program or program pursuant to section 124D.69.
- Is a victim of physical or sexual abuse.
- Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation
- Is pregnant or is a parent.
- Has been assessed as chemically dependent.
- Has withdrawn from school or has been chronically truant

PARENT SIGNATURE __________________________

STUDENT SIGNATURE __________________________

STAFF SIGNATURE __________________________