

Minnesota Valley Area Learning Center
ANNUAL CONTINUOUS LEARNING PLAN (CLP) FORM
To be completed by teacher and kept in cum folder for 3 years.

Student Name _____ Grade Level _____ Home District _____ Graduation Year _____

Current Status	Goals	Program/Activities	Assessments
<input type="checkbox"/> Targeted Services Referral <input type="checkbox"/> 504 Plan in place <input type="checkbox"/> IEP in place <input type="checkbox"/> Other _____	<input type="checkbox"/> Social/emotional <input type="checkbox"/> Task Completion <input type="checkbox"/> Study Skills <input type="checkbox"/> Other _____	<input type="checkbox"/> Targeted Services <input type="checkbox"/> After School <input type="checkbox"/> Summer School	<input type="checkbox"/> Formal Assessment(s) <input type="checkbox"/> Standardized District Tests <input type="checkbox"/> District Assessments <input type="checkbox"/> Informal Assessments(s) <input type="checkbox"/> Teacher Assessments <input type="checkbox"/> Checklist of skill Development

District Addendum: District credit and standard requirements are available upon request.

Current Status	Goals	Activities (What type of programming will be provided?)	Assessments (enter after the program is over)
___ NWEA ___ M ___ R ___ W ___ STAR ___ M ___ R ___ W ___ MCA ___ M ___ R ___ W ___ Other ___ M ___ R ___ W Describe other _____ ___ Social/Emotional Status: ___ Limited Relational Skills ___ Limited Self-confidence/esteem ___ Poor School Attendance ___ Study Skill Status: ___ Limited Organizational Skills ___ Limited Study Skill Strategies ___ Learning Modalities Other: _____	___ NWEA ___ M ___ R ___ W ___ STAR ___ M ___ R ___ W ___ MCA ___ M ___ R ___ W ___ Other ___ M ___ R ___ W Describe other _____ ___ Improve Social/Emotional Status: ___ Relational Skills ___ Self-confidence/esteem ___ Improve School Attendance ___ Improve Study Skills: ___ Organizational Skills ___ Study Strategies Other: _____	___ Direct Instruction _____ ___ Guided Practice _____ ___ Hands – on Experiences _____ ___ Individual Projects _____ ___ Individual Presentations _____ ___ Group Projects _____ ___ Group Presentations _____ ___ Simulations _____ ___ Team Building _____ ___ Personal Growth Activities _____ ___ Home-centered Activities _____ ___ Other _____	___ NWEA ___ M ___ R ___ W ___ STAR ___ M ___ R ___ W ___ MCA ___ M ___ R ___ W ___ Other ___ M ___ R ___ W Describe other _____ ___ Improved Social/Emotional Status: ___ Relational Skills ___ Self-confidence/esteem ___ Improved School Attendance ___ Improved Study Skills: ___ Organizational Skills ___ Study Strategies Other: _____

 Student Signature Date

 Parent Signature Date

 Teacher/Counselor Signature Date

CONTINUOUS LEARNING PLAN (CLP) DIRECTIONS
This exact form must be used. No substitutes are allowed.

The Continuous Learning Plan is to be completed by the student's classroom teacher, the Targeted Services teacher, the student, and their parent(s)/guardian(s). The CLP will be reviewed periodically during the school year and/or summer. If a student is enrolled in summer session and then starts another session during the school year, the CLP needs to be updated. A **new CLP** needs to be developed at the start of every school year that the student is enrolled in a Targeted Services program.

At the top enter:

- Student's name,
- Grade level that they are in this fall,
- School District the student is from, and
- Anticipated year of graduation from high school.

The Plan has four (4) columns:

Column 1 - Current status

Check all that apply.

Skip District Addendum

In the bottom box of column one enter any data that you may have for:

NWEA	Northwest Evaluation Association
STAR	STAR reading
MCA	Minnesota Comprehensive Assessments
Other	This would be any other data that was used to place the student in the program or that will be used this fall. Identify the data source. Examples might be reading levels in Guided Reading Groups, AR (Accelerated Reading) or math level, ITBS or Stan9 results.
M	Math
R	Reading
W	Writing

You need to use some form of data as your baseline for the Current Status.

In this same box you will see items related to social/emotional issues. Targeted Services must focus on the whole child. Please check (X) all those that apply.

If there is more information that would be valuable to the Targeted Services teacher please enter it in the Other area.

Column 2 - Goals

This column is where you set the goals for this learner. The goals should be set for one calendar year though the data on this form will be reviewed periodically including the end of the school year.

Set goals for those areas you know you will be working on.

The Targeted Services program must include a social and emotional component. Please check (X) those that you will work on.

Column 3 - Program/Activities

You are working in a Targeted Services - After School program or Summer School.

This section should give a brief overview of the type of programming that you are providing for this learner. Check (X) which type of activities you will be using in teaching the after school program. MDE requires that you do active and experiential learning and teaching. Please give a brief descriptor in the blank.

Column 4 - Assessments

The goal of Targeted Services is to have the student make the necessary progress socially and/or academically so that they may remain in the regular educational school program. This "post" data will give the teacher, parent and student information regarding the progress that they are making. In this area you should record the most current data you have for each of the areas you assessed in the fall.

It was the intention of the advisory group that developed the MRVED proposal to the MDE, that this form be completed at a conference with the parent(s), student, classroom teachers and Targeted Services teacher. At the end of the conference please get the student and parent to sign the form. You sign the teacher slot.

A copy of this form must be in the student's cum folder.

If you have any questions related to this form and Targeted Services please contact Karen Jacobson, MRVED Director, 320-269-9297 or kjacobson@mrved.net.