



Office of College and Career Readiness (OCCR)
Department of Alternative Education
1780 W. 7th Street, Suite 2204
Saint Paul, MN 55116

Phone: 651-744-8020

Fax: 651-696-5686

spps.org/alted

Dear Saint Paul Public Schools Family,

Our records show that your child is enrolled in Summer Term (S-Term) or Extended Day for Learning (EDL). Minnesota state law requires Saint Paul Public Schools (SPPS) to use this form, a Continual Learning Plan, to verify your child's participation and to set goals for them during the program(s). Please sign and date below.

I support my child's participation in S-Term 2018.

Parent/Guardian Signature _____ Date _____

Students: Please sign and date below to show that you attended and participated in the suggested program. If you are 18 years old or older, a parent signature is not required.

Student Signature _____ Date _____

STAFF USE ONLY

Continual Learning Plan for 2018-19 (Secondary Grades)

Staff: Affix label below

Student's Last Name _____ Student's First Name _____

Student Number _____ Grade Level _____

School/Site _____

This student is enrolled in: Extended Day for Learning (EDL) S-Term Session # _____

STAFF, please confirm your plan and goals for this student by completing, signing and dating the form below.

1. What are the academic goal(s) and activities that will help the student be successful?

- English language development
- Credit recovery
- Additional preparation for entering 9th grade

2. As a teacher, what are your requirements for student success?

- Attendance, missing no more than two days (online courses) or three days (regular courses)
- Active classroom participation
- Successful completion of classroom activities and assessments

3. Which assessment data are you using to support the student's need for this program?

- Minnesota Comprehensive Assessment (MCA) score
- ACCESS test score (English Language Learner)
- Other academic information or assessments _____

4. What will be the student's primary goal(s) and activities while attending this program?

- Academic and/or English language support
- Social emotional learning
- Applied academics (LEGO League, instrumental music, arts, health/wellness, field trips)

5. How will you know if the student has been successful?

- Attendance
- Participation
- Completion of program activities

6. If any of these goals are not met during this program, how do you plan to help the student be successful in the future?

- Recommend attendance of Extended Day for Learning (EDL)
- Recommend attendance of Summer Term (S-Term)

7. Did the student successfully achieve all goals or earn all credits attempted in this program?

If the student has successfully completed the requirements for earning credit, the student transcript will show credits earned and passing grades for courses within the term it was taken. If participation in the program is not successful and the student requires additional time to complete goals or credit recovery, the student will work with their regular counselor for enrollment in an alternative option.

The student: Successfully completed the program Needs additional time to complete goals/credit recovery

I recommend that the student:

- Attend Extended Day or Evening High School
- Attend Summer Term
- Graduate from high school

Staff Signature _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE-----FOR OFFICE USE ONLY-----
If CLP has no parent signature, try three more times to obtain the signature. Give full date, type of contact (email, phone, etc.), and your initials.

	DATE	TYPE OF CONTACT	EMPLOYEE INITIALS
Attempt #1:	_____	_____	_____
Attempt #2:	_____	_____	_____
Attempt #3:	_____	_____	_____