**Barstow Unified School District**

**Individual Learning Plan**

For K-6 Students at Risk of Not Meeting Grade Level Standards

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| --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | **Grade:** |  | **Date:** |   |
| **School** | Choose an item. | **Teacher:** |  Click here to enter text. |

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| **Factors that indicate your student is at risk: Reading, Language Arts, and Mathematics** |
| **Assessment** | **Score** | **Date** | **Assessment** | **Score** | **Date** |
| Running Record K-2 |   |   | High Frequency Words K-6 |   |   |
| CAASPP ELA Results **SE, SM, SNM, SNotM** |   |   | CAASPP Math Results **SE, SM, SNM, SNotM** |   |   |
| English/Language Arts PT Benchmark Assessments |   |   | Mathematics PT Benchmark Assessments |   |   |
| Phonemic Awareness Inventory K-1 |   |   | CELDT |   |   |
| [ ]  Phonemic Segmentation [ ]  Rimes [ ]  Beginning Sounds [ ]  Segmenting Onsets [ ]  Blending onset & Rimes [ ]  Phonemic Blending |
| Other Assessment (specify): Click here to enter text. |
| **CLASSROOM/OTHER INTERVENTION (Strategy/Comments)** |
|[ ]  Small Group Intervention Support |
|[ ]  Differentiated instruction for your student with collected evidence of ongoing progress |
|[ ]  Afterschool Interventions/Tutoring |[ ]  English Language Development |
|[ ]  Behavior Support Plan |[ ]  Other: Click here to enter text. |
| Comments: |  Click here to enter text. |
| **STUDENT LEARNING GOALS** |
| **Goals and Timeline** | **Assessment** |
|   |   |
|   |   |
|   |   |
| **What your student will work on at home with parent/guardian support:** |
|[ ]  Spend time reading every day. |[ ]  Limit my television and game time. |
|[ ]  Discuss what I have read. |[ ]  Get enough sleep so I can attend school on time |
|[ ]  Complete my homework to the best of my ability |[ ]  Come to school prepared and ready to learn.  |
|[ ]  Other: Click here to enter text. |
| **What will the parent/guardian will do to support the student:** |
|[ ]  Ensure my student attends school daily, on time, prepared, ready to work and learn. |
|[ ]  My child will participate in After School Intervention Program Attending Regularly. |
|[ ]  Read to/with my student. |
|[ ]  Praise my student when he/she is successful; write encouraging notes to my student. |
|[ ]  Ensure my student has a special place to keep books. |
|[ ]  Visit the library and provide additional learning opportunities related to classwork and interests. |
|[ ]  Provide a regular time and place for supervised homework completion. |
|[ ]  Select and monitor television shows to watch together. |
|[ ]  Work with the teacher and/or counselor to ensure my student’s success in school. |
|[ ]  Be available to meet with the teacher and/or counselor to discuss my student’s progress. |
|[ ]  Supplemental Education Services (SES) only available at Cameron, Henderson and Montara |
|[ ]  Other: Click here to enter text. |
| **How we will check on the student’s progress:** |
| [ ]  Telephone Calls | [ ]  Notes | [ ]  Follow-up conference (s) | [ ]  Other: Click here to enter text. |
| **Student Signature:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Your signature indicated that you agree to participate in the support programs that the teacher is recommending to help you become successful).  |
| **Parent/Guardian Signature :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Your signature indicates that you acknowledge your child is at-risk of retention. Further, you understand your responsibilities and the programs and supports described for your child’s academic improvement). |
| **Teacher Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Your signature indicates that you understand your responsibilities and will report the student’s progress to the parent/guardian on an ongoing basis). |
| Teacher: Check here if you are unable to reach the parent/guardian or the parent/guardian does not attend the meeting. [ ]  Sent Certified Mail [ ]  DateEnter Date |
| **Other Comments:**  |
| Click here to enter text. |