



# Accelerated Student Learning Plan

2005-06

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Subject: \_\_\_\_\_ Reading \_\_\_\_\_

**Assessment Data**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Achievement Goals:** *Use word recognition skills and strategies*

*Understand what is read*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Classroom Strategies:**

**Parent Strategies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Classroom instructional time: \_\_\_\_\_  
Title I/LAP instructional time: \_\_\_\_\_  
ELL instructional time: \_\_\_\_\_ Resource Room instructional time \_\_\_\_\_

**Student Responsibilities:**

**Signatures:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Classroom Teacher)

**Date of parent conference:** \_\_\_\_\_

**Date for plan to be reviewed:** \_\_\_\_\_

**Comments (optional):**  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mid-Year Review**

**Date:**

**Student Achievement results to date:**

Making progress towards goals _____	Not making progress towards goals: _____
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**Changes to goals and/or strategies for student success:**

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**Student Initials** \_\_\_\_\_

**Parent Initials** \_\_\_\_\_

**Teacher Initials** \_\_\_\_\_

**End of Year Report**

**Goals accomplished:**

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**Further assistance required:**

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