**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** | | | | | | |
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| **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. | | | | | | | | | | | | | | |