

Summer School Credit Recovery Program 2020

Name: _____ Grade 2019-2020 School Year: _____

*Please circle the classes you are interested in taking.

Session #1 June 9th – June 25th (Monday-Thursday)

8:00-9:50	English	Social Studies	Science	Math online with seat time
10:00-11:50	English	Social Studies	Science	Math online with seat time

Session #2 July 6th – July 23rd (Monday-Thursday)

*Classes may not be offered if minimum enrollment is not met

8:00-9:50	English	Social Studies	Science	Math online with seat time
10:00-11:50	English	Social Studies	Science	Math online with seat time

Northfield Area Learning Center

CONTINUAL LEARNING PLAN

CURRENT STATUS	GOALS	ACTIVITIES	ASSESSMENTS
<i>(Where is the student currently at)</i>	<i>(Where does the student want to go)</i>	<i>(How will the student meet their goals)</i>	<i>(How and when will the student know when they have met their goals)</i>
<p>Check all that apply:</p> <p><input type="checkbox"/> Graduation plan needed</p> <p><input type="checkbox"/> Credits needed</p> <p><input type="checkbox"/> MCA Remediation</p> <p><input type="checkbox"/> 504 Plan</p> <p><input type="checkbox"/> IEP Plan</p> <p><input type="checkbox"/> Other</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Academic credit make-up</p> <p><input type="checkbox"/> Basic skills remediation</p> <p><input type="checkbox"/> Basic skills improvement</p> <p><input type="checkbox"/> Graduation plan</p> <p><input type="checkbox"/> Other (i.e. social-emotional, study skills, vocational, transitional, parenting, personal)</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Attend ALC day program</p> <p><input type="checkbox"/> Attend ALC Independent Study program</p> <p><input type="checkbox"/> Attend summer school</p> <p><input type="checkbox"/> Other (explain)</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Meeting with Director</p> <p><input type="checkbox"/> Report Card</p> <p><input type="checkbox"/> Formal assessment</p> <p><input type="checkbox"/> Informal assessment</p>

Student signature: _____

Date: _____

Parent / Guardian signature: _____

Date: _____

ALC Director: _____

Date: _____