

Elementary Summer School ILP

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY REFERREING TEACHER

Individual Learning Plan (ILP)

Summer School

1	Student's Name:	[2] 2014-15 Grade Level:	[3] Date / /2015
4	Remediation Area(s):		
5	Classroom teacher:	[6] Referring School:	
Summer School Teacher (Team) Responsible for Implementing:			
Completed by REFERRING TEACHER		Completed by SUMMER SCHOOL STAFF	
	Specific Area(s) of Need	Explain the current Level of Performance – Strengths and Weaknesses	IDENTIFY Spring Scores
7	Reading: Please Identify Needs: <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Accuracy & Fluency with Connected Text <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension <input type="checkbox"/> Other: _____		_____ MAP (include current copy) _____ DIBELS (include current copy) _____ Course Grade _____ Other: (DRA) _____
8	Math: Please Identify Needs: <input type="checkbox"/> Number Concepts <input type="checkbox"/> Algebra <input type="checkbox"/> Geometry <input type="checkbox"/> Measurement <input type="checkbox"/> Data Analysis/Probability <input type="checkbox"/> Other: _____		_____ MAP (include current copy) _____ Course Grade _____ Other: _____
9	Writing Concerns	Describe progress achieved by student and what the student did learn.	
10	Does the student have an: IEP _____ 504 _____ Medical Concerns _____ ELL Identified _____ Translator Required _____ (Please include a copy of goals/accommodations and service times)		
	Parent Contacted (date): / /	Informed by (person)	Parent Contacted (date): / / Informed by (person)
12	Parent Contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Personal Contact <input type="checkbox"/> Other (specify) <input type="checkbox"/> Registration Form		Parent Contacted <input type="checkbox"/> Parent Night <input type="checkbox"/> Phone Call <input type="checkbox"/> Copy Sent home with student <input type="checkbox"/> Other (Specify)
13	Other Concerns:		I have reviewed the student's goals with this Individual Learning Plan (ILP)
		Student Signature (when appropriate)	Date
		Parent Signature	Date
		Summer School Teacher Signature	Date