

# Secondary ESY/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: |  |  |   |
| <b>Completed by REFERRING TEACHER</b>                      |  | <b>Completed by SUMMER SCHOOL STAFF</b>                                    |   |
|  | <b>Specific Area(s) of Need</b>  | <b>Explain the current Level of Performance – Strengths and Weaknesses</b> | <b>IDENTIFY Spring Scores</b>   |
| 7  | <b>Reading: Please Identify Needs:</b><br><input type="checkbox"/> Phonemic Awareness<br><input type="checkbox"/> Phonics<br><input type="checkbox"/> Accuracy & Fluency with Connected Text<br><input type="checkbox"/> Vocabulary<br><input type="checkbox"/> Comprehension<br><input type="checkbox"/> Other: _____ |  | Days Attended<br>Goal(s) established by Summer School Team<br>ILP Goal Please Check   |
|  |  |  | (1) <input type="checkbox"/> MET <input type="checkbox"/> NOT Met<br>(2) <input type="checkbox"/> MET <input type="checkbox"/> NOT Met<br>(3) <input type="checkbox"/> MET <input type="checkbox"/> NOT Met |
| 8  | <b>Math: Please Identify Needs:</b><br><input type="checkbox"/> Number Concepts<br><input type="checkbox"/> Algebra<br><input type="checkbox"/> Geometry<br><input type="checkbox"/> Measurement<br><input type="checkbox"/> Data Analysis/Probability<br><input type="checkbox"/> Other: _____                        |  | (1) <input type="checkbox"/> MET <input type="checkbox"/> NOT Met<br>(2) <input type="checkbox"/> MET <input type="checkbox"/> NOT Met<br>(3) <input type="checkbox"/> MET <input type="checkbox"/> NOT Met |
| 9  | <b>Writing Concerns</b>  | Describe progress achieved by student.                                     |   |
| 10   | <b>Does the student have an:</b> IEP _____ 504 _____ Medical Concerns _____ ELL Identified _____ Translator Required _____<br>(Please include a copy of goals/accommodations and service times)  |  |   |
|  | Parent Contacted (date): / /   | Informed by (person)   | Parent Contacted (date): / /  |
| 12   | Parent Contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Personal Contact <input type="checkbox"/> Other (specify)<br><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   | <b>Other Concerns:</b>   |  | I have reviewed the student's goals with this Individual Learning Plan (ILP)  |
|  |  | Student Signature (when appropriate)                                       | Date  |
|  |  | Summer School Teacher Signature  | Date  |
|  |  | Parent Signature   | Date  |