

# Pacific Charter Institute



## Student Learning Plan

### Student Information

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

### Parent Information

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

Phone Number: \_\_\_\_\_

**NWEA/MAP:** Prior-year % (M) \_\_\_\_ / (ELA) \_\_\_\_ / (R) \_\_\_\_ Fall % (M) \_\_\_\_ / (ELA) \_\_\_\_ / (R) \_\_\_\_ Winter % (M) \_\_\_\_ / (ELA) \_\_\_\_ / (R) \_\_\_\_  
 My student **IS** on grade level as identified by either the CAASPP or NWEA/MAP and does not need school designated intervention.  
 My student **IS NOT** on grade level as identified by either CAASPP or NWEA/MAP **and will be required to complete all interventions as assigned.**

Courses per Master Agreement	Academic Goals Identify A-G if applicable	Resources Needed to Achieve Academic Goals		Reserved Budget Per course
		Curriculum/Supplies	Vendor/Services	
				EU
				EU
				EU
				EU
				EU
				EU
				EU

I understand my student **WILL** be a-g complete by the end of high school and **eligible** to apply for admission to a 4-year CA public university.

I understand my student **WILL NOT** be a-g complete by the end of high school and therefore **NOT** eligible to apply for admission to a 4-year CA public university.

Total Budget: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

My student will complete two community college classes before graduation.

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

Received By: \_\_\_\_\_

Approved By: \_\_\_\_\_