

Pacific Charter Institute

Student Learning Plan

Student Information

Name: _____

Parent Information

Name: _____

Phone Number: _____

CAASPP/CAST Prior Year: Math : _____ ELA: _____ Science: _____

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	Resources Needed to Achieve Academic Goals		Reserved Budget Per course
		Curriculum/Supplies	Vendor/Services	
Math		Gr. Level:		EU
		Intervention		
ELA		Gr. Level:		EU
		Intervention		
Social Studies/History				EU
Science				EU
PE				EU
Enrichment				EU
Supplies				EU

Total Budget: _____

Received By: _____

Parent/Guardian: _____

Approved By: _____

Reviewing Teacher: _____