

School:



Student Learning Plan TK - 8th

Student Name: _____

Grade:

Parent Name: _____

Phone:

Math:

ELA:

Science:

mClass Math Overall / MAP Math Percentile:

DIBELS Focal Area S1/ MAP Reading Percentile:

☐ My student is at or above the 61st %ile on MAP/ benchmark on mClass and is **NOT REQUIRED** to complete weekly personalized supports

☐ My student is at 60th %ile or below on MAP/ below benchmark on mClass and is **REQUIRED** to complete weekly personalized supports

mClass Math Overall / MAP Math Percentile:

DIBELS Focal Area S2/ MAP Reading Percentile:

☐ My student is at or above the 61st %ile on MAP/ benchmark on mClass and is **NOT REQUIRED** to complete weekly personalized supports

☐ My student is at 60th %ile or below on MAP/ below benchmark on mClass and is **REQUIRED** to complete weekly personalized supports

Subject	Personalized Supports/ Goals/ Notes
Math	
ELA & Writing	
Social Studies	
Science	
Enrichment	
PE	
Supplies	

**Teacher will send SLP
to Parent Educator**

☐ Parent Signed S1 SLP☐ Parent Signed S2 SLP[illegible]

S1 Parent Signature: _____

S2 Curriculum/Materials/Classes	EU
S2 Sibling Budget Transfer to/from:	
TOTAL	0

S2 Parent Signature: _____